



PARENT CONSENT FORM*

(FOR MINORS, UNDER 18, OBTAINING A PHYSICAL EXAM AT ROCHESTER FAMILY MEDICINE PC (RFMPC) WITHOUT A PARENT PRESENT)

Date of Physical Exam: _____

Minor's Printed Name: _____

Minor's Date of Birth: _____

I, _____, the parent or legal guardian of minor/patient
(Printed Name of Parent/Legal Guardian)

_____, grant Rochester Family Medicine PC permission to perform
(Printed Name of Minor/Patient)

a routine school/sports physical exam on _____.
(Printed Name of Minor/Patient)

I have provided the minor with a photocopy of my driver's license (or other form of photo ID with signature) along with this signed consent form and understand that a physical exam cannot be provided to the minor without receiving these two required documents. I understand that paperwork will be sent home with the minor and that it is my responsibility to arrange follow-up care if deemed necessary.

PLEASE NOTE – Payment due upon service. A parent must be present with minor during a standard visit or exam at all other times.

Parent/Guardian Printed Name

Parent/Guardian Signature

*Rochester Family Medicine PC cannot be held responsible for any legal issues that may arise due to the forgery of this document. To obtain another copy of this form, please call 248-266-9504 or go online to www.rochesterfamilymedicine.com