



Consent for Treatment of a Minor

In presenting my son/daughter for diagnosis and treatment

Name: _____ for _____
 Mother Father Legal Gaurdian Son Daughter

of _____ years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, medical treatment by authorized members of the urgent care staff or their designees, as may in their professional judgement be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to _____
(Name of Person/Agency)

who will be caring for our (my) child _____
(Name of Child)

for the period _____ to _____ to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name:	Pediatrician:
Address:	Pediatrician phone:
	Please list any allergies:
Phone:	
Health Insurance Carrier:	
Claims address:	Medicines currently taking:
ID#	
Group #	
Name of policyholder:	Date of last tetanus booster:

Signature: _____ Date: _____
Mother, Father, or Legal Guardian

Witness: _____ Date: _____

In case of emergency I can be reached at: _____
