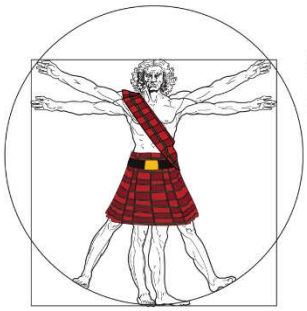

Scott Medical
SOLUTIONS
118 W. 5th St, Safford, AZ 85546
Ph: (928) 348-7100 | Fx: (928) 348-7813

Consent To Treat A Minor Child

This form is intended to authorize individual **OTHER THAN THE LEGAL PARENT/GUARDIAN** to accompany minor child to appointments.

_____

Patient Name (First, Middle, Last) Date Of Birth

I, _____ (Name), attest that I am the legal parent/guardian of the above-mentioned minor child. By signing this form, I am authorizing any and all persons listed below to accompany the minor child listed above to any and all appointments/visits scheduled with Scott Medical Solutions. I also authorize any and all persons listed below to make decisions regarding the following:

- Necessary and/or routine treatment
- Injections and/or immunizations
- Diagnostic procedures including imaging and/or laboratory analysis

I understand that only myself and those listed below will have the authority to authorize treatment.

_____

Name of Authorized Individual Phone Number Relationship to Patient

_____

Name of Authorized Individual Phone Number Relationship to Patient

_____

Name of Authorized Individual Phone Number Relationship to Patient

_____

Name of Authorized Individual Phone Number Relationship to Patient

I understand that any person accompanying the minor child listed above to Scott Medical Solutions for treatment who is not listed above **MUST PRESENT A LETTER OF CONSENT** from myself or treatment could be refused or delayed. I understand that in an emergency, efforts will be made to contact me prior to the rendering of treatment, but that medical treatment will not be withheld if I cannot be reached.
This authorization will remain in effect unless stated in writing to withdraw consent. I will notify Scott Medical Solutions of any changes in the above information. I attest that I have read this document in its entirety, and certify that all information above is true and correct to the best of my knowledge.

_____ _____ _____

Name of Parent/Guardian (Print) Signature of Parent/Guardian Date