Urgent Care Center

2871 Greensboro Rd
Martinsville, Virginia 24112
Phone: (276)638-2273
Fax: (276)638-2223

Parental Consent to Treat Minor

If the patient is under the age of 18 years old and you would like to give permission for someone to bring your child in to be treated, please complete the following. Any one not listed on this form will not be allowed to bring the child in for treatment unless they have a written and signed letter from the parent or legal guardian.

I, _____ give permission for the following person/people to bring my child to Dr. Jon's Urgent Care Center to be treated for any medical issues.

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Any one listed above has knowledge of medications my child may be taking, as well as knowledge of any surgeries, medical illnesses or allergies that the child may have. **I understand that they will be responsible for making decisions about the care and treatment of my child.**

If our staff needs to reach a parent or legal guardian, they may call the following phone numbers, _____, _____.

It is very important that you be reachable during this time by phone in case the Provider needs to speak with you.

_____ _____

Patient/ Parent/Legal Guardian Signature **Patients Name (Printed):**

_____

Date: