

PEDIATRIC MOBILE CARE, LLC (PMC)

PERMISSION TO TREAT MINOR

(Under the age of 18 years old)

Patient Name _____ Date of Birth _____

PMC must receive permission from a child's parent or legal guardian before providing treatment for any injury or illness that is non-life threatening or is not protected by the Minor Consent and Confidentiality Laws of Minnesota (<https://www.house.leg.state.mn.us/hrd/pubs/ss/ssminorhc.pdf>). This form provides PMC the legal permission and consent to treat your child in case you cannot accompany him/her.

If your child does not have a copy of this form in their Electronic Health Record, PMC will attempt to contact you to request verbal authorization to treat your child. The verbal authorization will be documented in your child's medical records and is active for that visit only.

Please Note: A parent/legal guardian **MUST** be present for their child's first visit to PMC.

A current "Permission to Treat Minor" must be available within the electronic health record or presented for any visit the minor will be seen without his/her parent/legal guardian.

A new "Permission to Treat a Minor" form is required each year or more often in cases where legal guardianship has changed for the minor.

I, _____, (parent or legal guardian) grant the following individual (s) authority to arrange for and authorize routine and emergency treatment by PMC providers for _____ (minor in question). This authorization grants consent to any x-ray, examination, laboratory tests, immunizations, treatment for any medical or surgical diagnosis.

Parent or Legal guardian Name (printed)

Signature

Date _____

In case of Emergency, I can be reached at:

Home: _____ Work: _____ Cell: _____

Please send current insurance information and copay (if applicable) with your child or the party accompanying them.

Individuals authorized to represent parents for health services at PMC:

Name _____ Phone: _____

Relationship to minor _____ date _____

Name _____ Phone: _____

Relationship to minor _____ date _____

Name _____ Phone: _____

Relationship to minor _____ date _____