



510 SE Delaware Ave. · Bartlesville, OK 74003
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Minor Consent

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical and/or surgical treatment provided by Primary Care Associates, PC. Please complete this form if your child will be coming for a visit, treatment, or procedure, without a parent or legal guardian. This consent is valid for the specified time period with a maximum of one year from date signed.

Minor Patient

Name: _____ SSN: _____ DOB: _____

Time Period

Written consent is valid for the time period of **one year**, at which time a new consent form would be required. This consent may be revoked by me at any time in writing.

Authorization for other individual to accompany minor patient under 18 years of age.

Name of person being authorized Relationship to Patient Name of person being authorized Relationship to Patient

Name of person being authorized Relationship to Patient Name of person being authorized Relationship to Patient

I authorize the above-named individual(s) to give consent to medical treatment by Primary Care Associates, PC on behalf of my child listed above. The above-named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

Parent/Legal Guardian Signature Date Signed Phone number (in case of emergency)

Authorization for minor patient to be unaccompanied for treatment.

I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

Parent/Legal Guardian Signature Date Signed Phone number (in case of emergency)