Bayshore Urgent Care Services
A Smart ER Alternative

Authorization to Consent to Treatment of Minor

The purpose of this form is to give the permission to Bayshore Urgent Care Services, the power and authority to consent to medical treatment for my child.

- Name of Child: _____
- Child Date of Birth: _____
- Bayshore Urgent Care Services may consent to my child's: all of the below listed

Examination ☐

Physical ☐

COVID-19 Testing ☐

X-rays ☐

Medication ☐

Procedures ☐

Transportation by ambulance ☐

Authorized person (last name, first name) _____.
This power and authority will be effective as of _____.
This consent will remain in effect until it is revoked by notifying the medica facility in writing.

- Legal Guardian Name: _____
- Legal Guardian Phone Number: _____

- By signing this form, I make an oath and say that I am the lawful guardian of the minor listed below and there are no court orders in effect that would prohibit me from conferring the power to consent upon another person. I authorize and appoint the individual(s) listed above, the power and authority to consent to medical treatment for my child.

- **Authorized person will be required to show photo ID upon arrival.**

- Legal Guardian Signature: _____
- Date: _____

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