

**CONSENT TO TREAT MINOR CHILDREN**  
**Growing Kids Concierge**

Patient name: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

For added convenience for busy families, Growing Kids Concierge will now see unaccompanied minors for problem visits (routine medication checks, sick visits, follow-up appointments). We will still require an adult, who is on file with our office, to bring a minor in for any well visit, new consult visit, or visit that requires immunizations. This consent form is only for minors who are already established patients. Dr. Lane reserves the right to require a parent during the appointment if she deems it necessary for the care of the patient.

Please print all information:

I, \_\_\_\_\_, parent of the patient listed above, do hereby consent to any medical care determined by Dr. Lane to be necessary for the welfare of my child while said child is under the care of Dr. Lane at Growing Kids Concierge. I realize that all attempts should be made to reasonably give consent by telephone on the day of the appointment as well.

This authorization is effective from today \_\_\_\_\_ (date) for one year (365 days).

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

This consent form will be kept in the patient's chart at Growing Kids Concierge.

Telephone:

Father: cell \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Mother: cell \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_