



GENERAL CONSENT FOR MEDICAL SERVICES/TREATMENT

I _____ am the parent or legal guardian of minor _____
and I consent to the medical management, services, and/or preventive care by Zavera
McDonald, FNP,PLLC/DBA Busy Bee Mobile Health Clinic.

Parents /Guardian Name: _____

Date of Birth: _____

Minor's Name: _____

Date of Birth: _____

Guardian's/Parent's Signature

Today's Date