

# Consent for Treatment of Minor Patient

## Facility Written Consent To Treat A Minor

FACILITY requires that a parent or legal guardian accompany any minor children (under 18 years of age) to their medical appointments. In the event that a parent or legal guardian is unable to accompany a minor child to a medical appointment, the parent or legal guardian must sign this Consent for Treatment of Minors to be kept on file at FACILITY and must also send a copy of a parent's photo ID (preferably a driver's license, however could be a utility bill showing proof of patient's home address). If we do not have written consent to treat at the time of the patient's first visit, we will attempt to call for verbal consent. If we are unable to reach a parent or guardian, we will not be able to initiate treatment.

Name of child: \_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_

Address of parent or legal guardian: \_\_\_\_\_

Telephone number of parent or legal guardian: \_\_\_\_\_

I give FACILITY permission to treat my child listed above and agree to reimburse FACILITY for the cost of rendering services to my child.

\_\_\_\_\_  
Indicate relationship to patient: \_\_\_\_\_

Date                      Signature of Parent/Legal Guardian of Minor

**REQUIRED SIGNATURE (UPDATE ANNUALLY)**