

# Malta Medical Care P.C.

## Consent to Treat Patient – Without Parent /Legal Guardian Present

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

For those occasions when you may not be with your child, **please list those individuals who may give us consent** to see your child:

Name Relationship to Patient \_\_\_\_\_

**LIMITATIONS:** Identify any **specific limitations** on the kinds of medical services for which this authorization is given.

(If none, state "none")

Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult**, which shall be in effect for:  Date \_\_\_\_\_ **Only**

Indefinitely, until revoked by written communication **AUTHORIZATION:** I (parent/legal guardian name) \_\_\_\_\_ request and authorize Malta Medical Care and its personnel to deliver routine medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child, I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service.

I have the legal right to preauthorize Malta Medical Care P.C. and its personnel to deliver routine medical treatment and services to my child. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

\_\_\_\_\_  
Parent or Legal Guardian (please print) Relationship

\_\_\_\_\_  
Parent or Legal Guardian (Sign)