



Consent to Treat Minor 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: \_\_\_\_\_

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

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

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

**Limitations:**

Identify any specific limitations on the kinds of medical services for which this authorization is given. If not checked, assumed none.  \_\_\_\_\_

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| <p>_____ Check here if you wish to give consent for the minor to receive medical care without an accompanying adult. (This consent only applies to minors age 16 and older.)</p> <p>This consent shall be in effect for: _____ Date: _____ (only)</p> <p>_____ Indefinitely, until revoked by written communication</p> |
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**Authorization:**

I (parent/legal guardian name) \_\_\_\_\_ request and authorize Harrisonville Family Medicine, Inc. 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 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 Harrisonville Family Medicine, Inc. and its personnel to deliver routine medical treatment and services to my child. Routine medical care and interventions may include but are not limited to: medical evaluation, physical exam, routine immunizations, injections, diagnostics such as throat or nasal swabs, wart treatment with liquid nitrogen, minor burn treatment and minor suturing of lacerations. \*\*Please note that our in-house laboratory, LabCorp, cannot draw blood work without a parent/legal guardian present for children under the age of 16.

I have read, understand and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained it in language that I can understand.

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

\_\_\_\_\_  
Parent or Legal Guardian Signature Date