



Consent to Treat A Minor Without Parent/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. Consent must be obtained in the event that your child seeks care without you being present.

Minor's Name: _____ **DOB:** _____
Last First Middle

Allergies: _____

Current Medications: _____

Chronic Conditions: _____

_____ This form will remain in effect until I revoke it in writing.

_____ This form is valid from: Effective Date _____ Expiration Date _____

Authorization:

I (parent/legal guardian name) _____ request and authorize Hyde Park Pediatrics 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 I am responsible for payment of the patient portion at the time of service.

I have the legal right to preauthorize Hyde Park Pediatrics 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, X-rays, and lab work (e.g. throat or nasal swabs, blood draws, urine catheterizations, wart treatment, minor burns, minor suturing of lacerations).

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 in the language that I can understand.

Parent or Legal Guardian (please print) Relationship

Parent or Legal Guardian Signature Date