



## CONSENT TO TREAT A MINOR

(if applicable)

**Father's Name:** \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (OK to call Y/N)

**Mother's Name:** \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (OK to call Y/N)

**Guardian's Name:** \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (OK to call Y/N)

### **Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Please circle all that apply to minor and family:**

Divorce, Legal Separation, Custody/Guardianship Restraining Orders, Current Litigation Issues, Probation

*Any issues concerning Divorce, Custody, Guardianship, Probation and/or Restraining Orders will require all documents to be presented on first visit to verify any legal issues and/or custody of child. Copies of these documents will be kept with minor's records*

I, (print name) \_\_\_\_\_, am the mother/father/legal guardian (circle one) of

\_\_\_\_\_ and I authorize **Patients First** to provide medical treatment with **Patients First**. \_\_\_\_\_ (initial here)

I, (print name) \_\_\_\_\_, authorize the Emergency Contacts to accompany my child, and I authorize **Patients First** to provide medical treatment to said minor. I also agree to be legally responsible for any charges said minor may incur during the treatment with **Patients First**. \_\_\_\_\_ (initial here)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be signed for services to begin)