

Consent to Treat a Minor

We are required to obtain a parent’s consent to treat a child (unless a matter of life or death). It is requested that you complete the information below so that if your child presents to a One to One Health Clinic either alone or in the company of an adult (not a legal guardian) for an office visit, our staff can assess and treat the child as necessary. A Permission to Accompany a Minor form will need to be completed and on file for someone other than the parent bringing the child in for treatment.

MINOR INFORMATION

Minor’s Full Name: _____ DOB: _____ Gender: __M __F

PARENT/GUARDIAN INFORMATION

Mother’s Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Father’s Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Guardian’s Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

EMERGENCY CONTACT (other than parent or guardian):

Name: _____ Relationship to Minor: _____

Home Phone: _____ Cell: _____ Work: _____

Consent Statement Authorizing Treatment:

I, _____, parent or legal guardian of _____, a minor, do hereby consent to and authorize any and all medical care deemed necessary by a One to One physician to be rendered to the above named minor without me being present.

Parent/Guardian Signature	Date

Minor Signature: to allow parent to discuss details of the office visit	Date

This consent to treat will remain in effect until terminated by me in writing, or the minor reaches legal age.