



## Minor Consent

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian's Name \_\_\_\_\_  
(Print legal name)

I am the patient's:

\_\_\_\_ Mother      \_\_\_\_ Father      \_\_\_\_ Legal Guardian (paper work must be attached)

Please check one of the following:

\_\_\_\_ I authorize \_\_\_\_\_ to transport my child to the appointment and  
(Spell legal name)  
be present in the room during the child's examination. However I understand that I will need to be available for any treatment authorization or consent and the phone number that I can be reached during my child's visit is (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. I have informed my child of the above.

**OR**

\_\_\_\_ I authorize my child who is over the age of 16 that he may transport himself to his appointment without my presence. However, I understand that my child is still considered to be a minor and any consents/authorizations need to be discussed with me. I will be available and can be reached during my child's visit at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

I have enclosed a copy of my valid Driver's License to show proof of my consent and signature. I understand that I will be called to verify this verbally as well. I also understand without this consent, copy of my license, and my ability to be available by phone during my child's appointment, that my child cannot be seen and the appointment will need to be rescheduled. This consent is valid for one year unless stated here as the end date of \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

X \_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_  
Witness Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_