



## Pacific Urgent Care & Family Medicine

### CONSENT FORM FOR TREATMENT OF A MINOR

**Consent for Treatment of a Minor:** Treatment of minors requires a team effort by the medical care provider(s) and the minor's parent or guardian. The parent or guardian's responsibility includes supporting the medical directives given by the medical provider. The medical provider's role includes ensuring that the parent or guardian is aware of and concurs with the treatment their child and charges their child receives.

**Treating minors in the clinic:** It is the policy of PACIFIC URGENT CARE & FAMILY MEDICINE that all minors seeking treatment be accompanied by a parent/legal guardian for the first visit. After the initial appointment, a minor may be seen at the clinic for treatment without the parent/legal guardian present if this consent form is filled out and maintained in the minor's medical record.

**Consent for Medical and Surgical Treatments:** This form authorizes PACIFIC URGENT CARE & FAMILY MEDICINE to evaluate and treat your child. This permission includes treatment, minor surgical procedures, injections, immunizations and the writing of all prescriptions.

**I authorize and give consent to the PACIFIC URGENT CARE & FAMILY MEDICINE for medical evaluation and treatment of my child if a parent/legal guardian is not present. THIS AUTHORIZATION MUST BE COMPLETED ANNUALLY UNTIL THE MINOR IS 18 YEARS OF AGE.**

Name of Patient: \_\_\_\_\_ Age of Patient: \_\_\_\_\_

Date of Birth Patient: \_\_\_\_\_ Patient Allergies: \_\_\_\_\_

Patient Medical Problems/Conditions: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Phone Numbers of Parent/Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

THIS AUTHORIZATION IS EFFECTIVE: \_\_\_\_\_ UNTIL: \_\_\_\_\_  
(Starting Date) (Up to one year)