



Plumtree Family Health Center

### Consent for Treatment of a Minor

In presenting my son/daughter for diagnosis and treatment,

Parent\Legal Guardian Full Name: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

I hereby voluntarily consent to the rendering of care, including diagnostic procedures, surgical and medical treatment by Plumtree Family Health Center physicians and staff. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

\_\_\_\_\_ I authorize my child to be examined at Plumtree Family Health Center without an accompanying adult. No decisions about healthcare will be made or performed without parent present. (Depending on the nature of the visit, this request may be denied by the physician.)

\_\_\_\_\_ I hereby give my consent for \_\_\_\_\_,  
(Name of Person Accompanying Child- Must be at least 18 years or older)  
to accompany my child to an office visit. Protected health information may be released.

**MUST INITIAL ONE LINE BELOW OR FORM IS NOT VALID:**

\_\_\_\_\_ I hereby give my consent for \_\_\_\_\_,  
(Name of Person Accompanying Child- Must be at least 18 years or older)  
to arrange\authorize routine or emergency medical/dental care and treatment necessary to preserve the health of my child.

\_\_\_\_\_ I **DO NOT** give my consent for \_\_\_\_\_,  
(Name of Person Accompanying Child- Must be at least 18 years or older)  
to arrange\authorize routine or emergency medical/dental care and treatment necessary to preserve the health of my child.

**AND\OR**

We/I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period. **I have read this form and certify that I understand its contents.**

Signature: \_\_\_\_\_  
*Mother, Father or Legal Guardian*

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

In case of emergency I can be reached at:

\_\_\_\_\_

**\*\*INSURANCE CARD MUST BE SENT WITH PATIENT. COPAY IS DUE AT TIME OF SERVICE.\*\***  
**ANY BALANCE ON ACCOUNT MUST BE PAID PRIOR TO VISIT.**