

CONSENT TO TREAT A MINOR WITHOUT A PARENT/GUARDIAN PRESENT

EvergreenHealth needs consent from a child's parent or legal guardian before providing treatment for an injury or illness that is non-life threatening. This form gives legal permission to treat your child in case you cannot accompany him/her to EvergreenHealth for treatment. If the party accompanying your child (babysitter, friend, relative, etc.) does not present this form, EvergreenHealth will attempt to contact you to request permission to treat your child.

NOTE:

- A parent/legal guardian must attend a minor's first visit
- Minors may not receive immunizations without a parent or legal guardian present.
- In certain circumstances, in accordance with State and Federal laws, parent/legal guardian consent may not be required for adolescents seen for certain conditions: sexually transmitted disease, family planning, or mental illness.

Patient's Name: _____ Patient's Date of Birth: _____

I grant permission for _____ (an adult into whose care, the minor has been entrusted) to arrange for and authorize treatment at EvergreenHealth for the period beginning _____ (date). **This consent is valid until** _____ .

Please initial in this box if you are authorizing the minor to seek and consent to treatment with no adult present.

We/I acknowledge that we are responsible for all reasonable charges in connection with the care and treatment rendered.

Please send the insurance card and co-pay (if applicable) to the appointment. If the visit is not covered by insurance, a deposit of \$50.00 is requested at the time of the visit.

If you need to contact me (us) regarding the health of my minor child, you may contact me at the following telephone numbers. If you are unable to contact me (us) for any reason, you may rely on the proxy decision-maker named above for consent.

Parent Name:	
Daytime Phone #:	
Evening Phone #:	
Other Phone #:	

Parent Name:	
Daytime Phone #:	
Evening Phone #:	
Other Phone #:	

Signature of Parent/Legal Guardian: _____ Date: _____

Relation to patient (documentation may be requested): _____