

CONSENT TO TREAT MINOR CHILD



Minor Child's Name: _____ ("Patient")

Patient's Birthdate: _____

Patient's Address: _____

I, as the parent or legal guardian of the above referenced Patient, hereby give my permission for the Patient to obtain medical treatment from all medical staff associated with Get Well Urgent Care and for such medical staff to provide or withhold treatment as determined by such medical staff in each of their discretion as necessary or appropriate for the welfare of the Patient, even in my absence as the Patient's parent or legal guardian, beginning on the date of my signature below and continuing until such time that I revoke or amend this consent in a writing delivered to Get Well Urgent Care. This consent includes, but is not limited to, treatment and testing related to well-care visits, illnesses, and emergency conditions, and sharing healthcare information with the adult persons accompanying the Patient.

By executing this Consent Form, I:

- a. Authorize any person (over 18) appearing with the Patient to accompany the Patient for visits to Get Well:
- b. Authorize the following named people (over 18) to accompany the Patient for visits to Get Well:
 1. _____; Relationship to Patient: _____
 2. _____; Relationship to Patient: _____
 3. _____; Relationship to Patient: _____

I accept financial responsibility for any charges incurred during treatment of the Patient. I can be contacted at the telephone number set forth below during treatment if any further questions or concerns arise, however, the inability to reach me using that number does not affect my consent granted to Get Well Urgent Care above.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Witness' Printed Name

Witness' Signature

Date

Family Address: _____

Parent/Guardian Phone #: _____

Last Tetanus: _____ Blood Type: _____

Allergies to drugs or foods: _____

Special Medications: _____

Chronic Diseases or Medical Problems: _____

Name of Child's Physician: _____ Phone # _____