



CONSENT TO TREAT MINOR PATIENT WITHOUT PARENT/GUARDIAN PRESENT

By law, any child under the age of 19 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Patient Name: _____ **Date of Birth:** _____

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

Name: _____ Relationship to Patient: _____

Limitations:

Identify any specific limitations on the kinds of medical services for which this authorization is given:

☐ Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult**. This consent may only apply to minors age 16 and older.

This consent shall be in effect for:

☐ Date _____ ONLY

☐ Indefinitely, until revoked by written communication

Authorization:

I (parent/legal guardian name) _____ request and authorize Blue Lotus Primary Care and its personnel to deliver medical care to my child listed above as deemed necessary or advisable in the diagnosis and treatment of the minor child.

I have the legal right to preauthorize Blue Lotus Primary Care and its personnel to deliver medical treatment and services to my child. Medical treatment may include, but are not limited to medical evaluation, physical exam, injections, x-rays, fitting durable medical equipment, suturing, suture removal, and lab work.

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in a language that I understand.

Parent or Legal Guardian (please print)

Relationship

Parent or Legal Guardian Signature

Date