CONSENT TO TREAT A MINOR

(if applicable)

Father's Name: ______________________________ DOB: __________

Address: ______________________________ City: ______________ State: __________ Zip: __________

Phone: ____________________ (OK to call Y /N)

Mother's Name: ______________________________ DOB: __________

Address: ______________________________ City: ______________ State: __________ Zip: __________

Phone: ____________________ (OK to call Y /N)

Guardian's Name: ______________________________ DOB: __________

Address: ______________________________ City: ______________ State: __________ Zip: __________

Phone: ____________________ (OK to call Y /N)

Emergency Contacts:

Name: ____________________ Relationship: ____________________ Phone: ____________________

Name: ____________________ Relationship: ____________________ Phone: ____________________

Name: ____________________ Relationship: ____________________ Phone: ____________________

Please circle/check all that apply to minor and family:

Divorce Legal Separation Custody/Guardianship Restraining Orders Current Litigation Issues Probation

Any issues concerning Divorce, Custody, Guardianship, Probation and/or Restraining Orders will require all documents to be presented on first visit to verify any legal issues and/or custody of child. Copies of these documents will be kept with minor's records.

I, (*print name*) ______________________________ , am the (*check one*) mother father legal guardian

of (*print minor name*) ______________________________ and I authorize **Urgent Medcare** to provide medical treatment with **Urgent Medcare**. _____ (*initial here*)

I, (*print name*), ______________________________ authorize the Emergency Contacts to accompany my child, and I authorize **Urgent Medcare** to provide medical treatment to said minor. I also agree to be legally responsible for any charges said minor may incur during the treatment with **Urgent Medcare**. _____ (*initial here*)

Signature: ______________________________________ Date: ______________________