



Advanced Consent to Treat an Unaccompanied Minor Child

Please fill out this form if your minor child will have a health visit or treatment without a parent or legal guardian. This form does not apply to visits or treatment for which the minor child may give their own consent under state or federal law. This agreement is valid for one year from the date of signature below unless revoked in writing by a parent or legal guardian.

Name of child: _____ Date of birth: _____

I acknowledge that I am the legal guardian authorized to give health care consent for the above minor child. I am providing consent for my child to attend health visits alone and receive care and treatment when needed or advised by their health care provider. I know that I must pay for any fees from my child's health care visits.

Printed name of parent/legal guardian

Signature of parent/legal guardian

Date of signature

Phone number of parent/legal guardian