



Permission To Treat A Minor Without a Parent/Guardian Present

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

Please Note:

- A parent/legal guardian **must attend a minor's first visit** at our clinic.
- This form is only valid for the appointment date listed below.
- In certain circumstances, in accordance with State and Federal laws, parent/legal guardian permission may not be needed for adolescents being seen for concerns of "heightened sensitivity" such as STD testing, family planning, pregnancy, etc.

Patient Name

Date of Birth

Appointment Date

I hereby grant Northwest Diagnostic Clinic permission to treat my child when they arrive at the office accompanied by the authorized adult listed below.

Authorized Adult Name

Authorized Adult Relation to Patient

_____ **Please initial here if you are authorizing the minor to seek and consent to treatment with no adult present.** (*Minors may not receive immunizations without an adult present.*)

I acknowledge that I am responsible for all physician charges and laboratory fees in connection with the care and treatment rendered. I understand that it may be necessary to perform diagnostic tests (for example, a throat culture or blood test) in the course of the evaluation.

The insurance card and co-pay (if applicable) must be presented at the appointment in order to be seen. Please ensure that the patient and/or accompanying adult is equipped to pay the co-pay amount designated by your insurance company. Uninsured minors are responsible for all charges at the time of service.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name

Relation to Patient

In case of an emergency, I can be reached at:

Home Phone #

Cell Phone #

Work Phone #

Ext