



MINOR MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM

The following form is designed for those situations where minors are unaccompanied by either parents or legal guardians. This "Medical Treatment Authorization and Consent Form" gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians, unless there is written consent authorizing an agent to give approval.

Minor's Full Name

Minor's Address

City, State, Zip Code

Minor's Age

The undersigned do hereby authorize Center for Health & Counseling as agent for the Undersigned to consent to any medical diagnosis or treatment for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any Nurse Practitioner employed by Center for Health & Counseling.

Parent or Guardian Signature

Date

Parent or Guardian (please print)

Address Parent or Guardian

Home and Work Phones of Parent or Guardian

Witness

Family Physician

Family Physician's Full Address