Clay Platte Family Medicine
Summit Family and Sports Medicine
Cobblestone Family Medicine Clinic
Barry Pointe Family Care

Consent to Treat Minors

It is the policy of our office NOT to provide treatment or other services to minor children unless they are accompanied by a parent or legal guardian. If desired, the parent or legal guardian may authorize others (grandparents, babysitter, etc.) to bring in the patient for care. An older adolescent patient (age 14 or higher) may be permitted to present to the office unaccompanied if permission is granted by the parent or legal guardian. This authorization also grants our Clinics' staff the ability to share patient information with the below listed individuals.

I, _____, parent or legal guardian

of_____born_____20_____

- ☐ Authorize the following person/people to bring the child listed below for medical treatment including any immunizations or other necessary procedures. I understand that the signature of the listed individual(s) below will obligate me to any and all applicable charges (medical treatment, procedures, immunizations, DME, etc.) and is a surrogate of my own signature.

- ☐ Authorize the adolescent child (age 14 or higher) listed below to present for medical treatment if allowed by law. I understand that I will be responsible for any and all applicable charges (medical treatment, procedures, immunizations, DME, etc) for any such visit(s).

Name: _____ Mother: ☐ Father: ☐

Name: _____ Other Relationship: _____

Name: _____ Other Relationship: _____

Expiration Date of Authorization:

- ☐ None (Perpetual)

- ☐ Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

OFFICE USE ONLY: Date: _____ Staff Initials: _____ MRN#_____
Last Revised Date: 10/27/2023