

Platte Valley Internal Medicine & Pulmonary

Consent to Treat Minor Without Parent/Legal Guardian Present

Patients Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

To allow for treatment of patients who are considered minors, it is necessary for a parent or legal guardian to give consent for treatment. In the event that a minor child presents for a non- urgent appointment without a parent or legal guardian or a signed consent, treatment may be denied.

I/We \_\_\_\_\_ (printed parent/guardian name) authorize Platte Valley Internal Medicine & Pulmonary to:

\_\_\_\_\_ Provide emergency or urgent care when I cannot be reached.

\_\_\_\_\_ Provide routine medical care, which may include, but not limited to medical exam, prescribing of medications, lab work (including venipuncture).

I/We \_\_\_\_\_ (printed parent/guardian name) can be reached at the following number if there are any questions/concerns: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date