



## CONSENT TO TREAT A MINOR

(if applicable)

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (OK to call Y /N )

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (OK to call Y /N )

Guardian's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (OK to call Y /N )

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please circle/check all that apply to minor and family:

Divorce    Legal Separation    Custody/Guardianship Restraining Orders    Current Litigation Issues    Probation

*Any issues concerning Divorce, Custody, Guardianship, Probation and/or Restraining Orders will require all documents to be presented on first visit to verify any legal issues and/or custody of child. Copies of these documents will be kept with minor's records.*

I, (print name) \_\_\_\_\_, am the (check one)    mother    father    legal guardian  
of (print minor name) \_\_\_\_\_ and I authorize **Patients First** to provide medical treatment with  
**Patients First.** \_\_\_\_\_ (initial here)

I, (print name), \_\_\_\_\_ authorize the Emergency Contacts to accompany my child, and I authorize  
**Patients First** to provide medical treatment to said minor. I also agree to be legally responsible for any charges said minor may  
incur during the treatment with **Patients First.** \_\_\_\_\_ (initial here)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_