



CONSENT TO TREAT MINORS

Name of Patient: _____ **Date of Birth:** _____

Many times parents find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some point in time be unable to accompany your child. I hereby grant: Heritage Urgent & Primary Care permission to treat my child when they arrive to the office unaccompanied.

Signature of Parent: _____ **Date:** _____

- Phone Consent**

Contact Name: _____ **Relationship:** _____

Phone Number: _____

MINOR WITH ANOTHER ADULT

Many times parents find themselves unable to accompany their young children to appointments and another adult must bring the child to be seen. Please list any adult that you consent to bringing your child to be seen and/or treated by a provider at Heritage Urgent & Primary Care if you (the legal guardian) is unable to accompany your child. I hereby grant: Heritage Urgent & Primary Care permission to treat my child when they arrive with the following adults in the legal guardian's absence. Please be aware that the adult accompanying the child will need to present a photo ID.

Signature of Parent: _____ **Date:** _____

Parent Name: _____ **Relationship:** _____

Phone Number: _____

- **Adult Name:** _____ **Relationship:** _____

Phone Number: _____

- **Adult Name:** _____ **Relationship:** _____

Phone Number: _____

- **Adult Name:** _____ **Relationship:** _____

Phone Number: _____