



Authorization for Medical Treatment of Minors

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf. With this document, you may appoint anyone who is over the age of 18 to be responsible for your child when you are unable to accompany them to their medical appointment.

Please complete the following section(s):

Name of Minor: _____ DOB: _____

Allergies/Special Conditions: _____

I, _____ being the parent or legal guardian of the above named minor, do here appoint the following person(s) to act on my behalf in authorizing medical care for:

<i>Name</i>	<i>Address</i>	<i>Phone</i>
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I, _____ being the parent or legal guardian of the above named minor, give my permission for _____ to be seen for their follow up appointment(s) and/or sick appointment(s) in my absence.

I reserve the right to revoke this authorization at any time in writing to Southern Family Medicine.

It is the policy of this office that the adult accompanying the child for treatment is responsible for payment of the patient portion at the time of service.

*A parent/legal guardian must be present for all testing and/or immunizations. If not present, all testing and immunizations may need to be rescheduled and cannot be performed.

Signature of Parent/Guardian

Date