Consent for Treatment of a Minor

I give permission for my child, ________________________, date of birth ________________ to be medically evaluated and treated at Sonoran Medical Centers. I understand that it may be necessary to perform diagnostic tests (for example, a throat culture or blood test) in the course of the evaluation. I accept responsibility for provider charges and laboratory fees.

This consent applies to:
1. Complete provider check-up (including blood and urine samples)
2. Hearing, vision, and blood pressure screening
3. First aid and emergency care
4. Prescription and treatment for illness
5. Referrals to an outside agency (for example: hospital, radiology) for services not provided at the office

This consent does not apply to:
1. Immunizations/injections – in addition to this form, parental/legal guardian consent for specific injection would still be needed prior to injection)
2. Any surgical procedure – parent or legal guardian would need to be present.

Mark **ONE** of these selections:

___ **With Parent/ Legal Guardian Present** – restricted to medical care when parent or guardian is in office (Excludes emergency care and items required under Arizona/Federal laws)

Names of Parent(s)/Legal Guardian(s)____

___ **Without Parent/Legal Guardian Present**
I give permission for my child to be medically evaluated and treated at Sonoran Medical Centers in my absence. My child will be accompanied by:
[ ] himself/ herself
[ ] babysitter (name) ____________________
[ ] other (name, relationship) ______________________________

I give permission for the provider to share any relevant health information with the person listed above who is accompanying my child.
If there are any services that you do not consent to in your absence, please list:

____

This consent will remain in effect until the patient's 18th birthday, until amended, or until revoked in writing (whichever is earlier).

______________________________ ______________________________
Child's name *Today's Date*

______________________________ ______________________________
Parent or Legal Guardian Signature *Parent or Legal Guardian Name*