Parent or Legal Guardian Signature

Consent to Treat Minor Patient-Without Parent/Legal Guardian Present

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.

Minor's name:		DOB:
For those occasions when you may not consent to see your child:	t be with your child,	, please list those individuals who may give us
Name	Re	elationship to Patient
Name	Re	elationship to Patient
LIMITATIONS: Identify any specific limitations on the none, state "none")	kinds of medical ser	rvices for which this authorization is given. (If
□Check here if you wish to give conse		receive medical care without an accompanying older.
This consent shall be in effect for:	□Date	(only)
	□Indefinitely, un	ntil revoked by written communication
	AUTHORIZAT	TION:
Wellness, LLC and its personnel to deli necessary or advisable in the diagnosis	ver routine medical s and treatment of t	e) request and authorize Journey to Health and I care to my child listed above as may be deemed the minor child. I am also aware that the adult responsible for payment of the patient portion a
routine medical treatment and service but are not limited to: medical evaluat	s to my child. Routir ion, physical exam,	nd Wellness, LLC and its personnel to deliver ine medical care and interventions may include, routine immunizations, injections, x-rays, lab t treatment with liquid nitrogen, minor burns,
I have read, understand, and give my on this form and/or have had it read to m	· ·	ed above. My signature means that I have read the language that I can understand.
Parent or Legal Guardian (please prin	t)	Relationship

Date