



We request that you accompany your child to his/her appointments. If you are unable to come to the clinic with your child, we must have your written consent for evaluation and treatment before he/she can be seen. Please send this form with the child or person bringing the child to the appointment.

1. Another adult will accompany my child \_\_\_\_\_ (Child's name).

I hereby appoint \_\_\_\_\_ as my representative(s). I empower him/her to act as a legal guardian for inpatient/outpatient medical care for my child during this appointment. If there is more than one caregiver check this [ ] and list them on the back.

**OR**

(If children are 16 years of age or older)

2. My child will not be accompanied by another adult. I hereby give consent for my child, \_\_\_\_\_ (Child's name), to be evaluated and receive routine medical treatment at his/her appointment. Please indicate a phone number where the parents or guardian can be reached \_\_\_\_\_. I understand a history will be taken and a physical examination performed.

Necessary laboratory tests such as blood tests and urine tests may be done if needed. I accept responsibility for all costs of such treatment.

Immunizations may be given and signed for by \_\_\_\_\_.

Signature of parent (s) \_\_\_\_\_ Date \_\_\_\_\_  
or guardian\* \_\_\_\_\_ Date \_\_\_\_\_

Unless otherwise noted, this consent is good for up to one year from this date.

Address of parent (s) \_\_\_\_\_  
or guardian \_\_\_\_\_

Witness \_\_\_\_\_

\*Both parents should sign. If one of the parents is unavailable, the signature of the available parent is sufficient. However, if the parents are divorced, the parent having custody of the child should sign. If the child has a legal guardian, the guardian should sign and circle the word guardian.

If you have any questions, please call (319) 753-5177.