



Wattles Park Family Practice

Consent to Treat in the Absence of a Parent or Guardian

If you are unable to accompany your child to their appointment at Wattles Park Family Practice, please complete this form and send it to the appointment with your representative. Please keep in mind, if your child is under the age of 18 they **must** have your written permission to be seen.

Minors Name: _____

Date of Birth: _____

Wattles Park Family Practice:

I _____ (printed full name of parent/legal guardian) give my permission for the above named child to be evaluated and treated to include but not limited to, examinations, injections, and or immunizations and or diagnostic procedures including laboratory analysis by the medical providers at Wattles Park Family Practice. I understand that only myself and those listed below will have the authority to authorize treatment. I also authorize treatment (except for immunization) of my teen child (**16 years or older**) without requiring the presence of an adult. However, if my teen needs immunizations and comes alone, a parent/legal guardian must be available by phone for verbal consent. This is to be effective from _____ to _____.

The following Adults (**over the age of 18**) are acting as my representative.

- _____
- _____
- _____

I can be reached at _(____)_____.

Parent/Legal Guardian signature: _____ Date: _____