

WiseCare Urgent Care

CONSENT TO TREAT MINOR CHILDREN

This consent form is required for ANY minor (under 18 years of age) to be treated at our clinic accompanied by anyone other than the child's parents or legal guardian.

I, _____, parent or legal guardian of (patient) _____,

whose date of birth (patient) is ___ / ___ / _____, do hereby consent to any medical treatment, which includes procedures, as well as the administration of medication as determined by a physician and/or mid-level healthcare provider to be necessary for the welfare of my child while he or she is under the care of:

(name and relationship of person bringing minor to WiseCare Urgent Care)

This authorization shall remain in effect only during the date of visit _____ (date).

Signature of Parent or Legal Guardian

Signature Date

Received by (WiseCare Staff)

Date

TELEPHONE CONSENT

(if parents or legal guardian not physically present)

Name of parent or legal guardian

Date

WiseCare (Witness #1)

WiseCare (Witness #2)

