

**ADVANCED OBSTETRICS AND GYNECOLOGY, LLC
CONSENT TO TREAT A MINOR**

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.

This is a legal document. With it you may appoint anyone who is over the age of 18 years of age to be responsible for your child when you are unable to accompany them to their medical appointment.

Minor's full name: _____

Date of Birth: ____ / ____ / _____

For occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

_____ (Name)	_____ (Relationship to Patient)
_____ (Name)	_____ (Relationship to Patient)

- Check here if you wish to give consent for the minor to receive medical care without an accompanying adult, which shall be in effect for:
 - _____, (date) only, or
 - Indefinitely, until revoked by written communication.

Please be advised that we will not be able to perform any procedures or prescribe any medications unless a parent or legal guardian accompanies the child to their appointment. If medical services are needed, another appointment will need to be scheduled and the parent must be in attendance.

It is the policy of this office that the adult presenting the child for treatment is responsible for payment of all co-pays and uncovered charges at the time of service.

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

_____ (Parent's/Guardian's Name)	_____ (Relationship to Patient)
_ X _____ (Signature)	_____ (Date)