



Consent for Treatment of Minor Child

I, being the parent or guardian of _____, do hereby request and authorize Access Point Healthcare Urgent and Primary Care to perform necessary services for my child which are deemed advisable by the Physician (Provider), whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Signature of Parent or Guardian

Date and Time

Witness

Date and Time