

Description for use of this form: Our office can only provide treatment to a patient with a natural parent or legal guardian's written permission. If you anticipate that anyone, including a stepparent, grandparent, babysitter, etc., may bring your child for a medical visit, please complete this form with your name, the child's name, the name of the individual who may accompany your child for medical care, sign, date, and provide contact numbers where you may be reached. Ask the receptionist if you need additional forms for other children or additional care givers. If you have any questions or concerns our receptionists will be happy to assist you.

Medical Treatment Consent Form

I, _____, Mother/Father/Legal Guardian of _____
authorize _____ to seek and authorize treatment for medical care
including immunizations and any emergent procedures provided by Providence Valley Young
People's Clinic. I also understand and agree that this consent shall remain in effect until revoked
by me in writing.

Signature of Mother/Father/Legal Guardian

Date

Phone number where I can be contacted

Account Number _____