Northwest PRIMARY CARE

# CONSENT TO TREAT MINOR PATIENT

Complete this form and leave it with your child's caregiver. If there is a medical emergency this form needs to accompany your child to the clinic and/or hospital, and will serve as your consent to provide medical care.

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I hereby authorize _____ to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from _____ to _____ .
(date) (date)

| Child's Name | Chronic Illnesses | Allergies | Current Medications | Date of Last Tetanus Immunization | Other |
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Physician: _____ Telephone: _____

Parent/guardian Home Address: _____

Parent/guardian Telephone Number: _____

Employer: _____ Telephone: _____

Health Insurance Company: _____

Medical Number: _____ Group Number: _____

Nearest Relative: _____ Telephone: _____

Signed Parent/guardian: _____ Date: _____