



DESERT GROVE

Family Medical

Specializing in the HEALTH of Your Family!

CONSENT FOR TREATMENT OF A MINOR

I, _____ who is legal guardian of _____ give permission for my child, who is under the age of 18, to be treated at Desert Grove Family Medical without myself being present. I authorize _____ (who is over the age of 18) to bring my child into the office to have medical treatment. I assume the responsibility of informing the above listed adult of any allergies or adverse reactions to any medications my child may have.

I also understand that it is up the discretion of the medical provider who is performing the care to determine if the instructions which are given to the patient necessitate the guardian being present and that the treatment of the minor child may deferred until I can be available.

Guardian Signature

Date

This consent is valid for six months from the date of this signature.

