



Trinity Family Physicians

Consent and Authorization for Minors

By law, a healthcare provider must attempt to contact a birth / custodial parent or legal guardian prior to rendering treatment to a minor child (a person under the age of 18), except in those instances where the law recognizes the minor as having the capacity to consent to a specific medical procedure / treatment. It is the policy of Trinity Family Physicians to have a signed consent form by the birth parent / custodial parent or legal guardian of a minor in order for the minor to be seen by any of our physicians or nurses for medical treatment. If a minor is brought in to Trinity Family Physicians by someone other than the birth parent / custodial parent or legal guardian, the minor child must be accompanied by a note ("Authorization").

Authorization must include the date when it was written, name of the patient, name of the person bringing the child, what the child is being seen for, the birth / custodial parent or legal guardian's signature, copy of the birth / custodial parent or legal guardian's photo I.D., and a telephone number where the birth / custodial parent or legal guardian can be reached.

I, _____, (Circle your relationship to the patient) birth parent / custodial parent / legal guardian / grandparent
PLEASE PRINT NAME

give consent for the individual(s) identified below to bring the minor child to the Trinity Family Physicians for medical treatment. I hereby authorize the Trinity Family Physicians and other personnel, to render medical care to my minor child in accordance with the Authorization without obtaining additional consent from me.

PRINT FULL NAME OF MINOR CHILD (PATIENT)

Print Name of person bringing minor in for appointment

Relationship to minor

Purpose of Visit (appointment for)

Phone number where birth / custodial parent or legal guardian can be reached.

This consent is for (choose one):

1. Single time only. Date: _____
2. Specific period of time. From _____ to _____
3. Indefinite period of time. From _____ until revoked by me in writing.

Signature of Birth / Custodial Parent or Legal Guardian

Date

Print Witness Name

Signature of Witness

Date