



Consent to Treat Minor Patient without Parent Present

In order for us to treat a minor without a parent/legal guardian present, please complete this form and provide necessary information in case of an event or an emergency upon treating the minor.

I, _____ (print name here) am the parent/legal guardian of _____ (print name of minor) currently a minor whose date of birth is _____.

I authorize Kern Allergy Medical Clinic to provide medical care to my son/daughter, including but not limited to treat and administer medications, vaccines or any other procedure my son/daughter may need.

I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required.

This consent will remain in effect until the patient reaches the age of eighteen unless revoke in writing to Kern Allergy Medical Clinic.

In the event of a medical emergency, I authorize Kern Allergy Medical Clinic to provide necessary emergency care and to transport _____ (print name of minor here) to the nearest hospital for care, if necessary. I understand that if that happens, an attempt will be made to contact a parent or guardian.

By signing this, I acknowledge I have read and agreed to this consent and that any questions I had prior to signing were answered by Kern Allergy Medical Clinic.

Signature of parent/legal guardian

Date

Phone Numbers:

Home: _____

Work: _____

Cell: _____