



Patient Name _____ Patient DOB _____ Date: _____

CONSENT TO AND DIRECTION FOR TREATMENT OF A MINOR

Authorization and Consent. I (We), being the parent(s) or guardian(s), entitled to the care, custody, and control of the above minor, do hereby authorize, request and direct you to render such treatment to said minor, including without limitation diagnostic, medical, minor procedures, x-rays, and venipuncture or other laboratory services.

Unaccompanied by Parent/Guardian. This consent to treatment is given in contemplation that the above minor may from time to time appear at Advance Medical of Naples, LLC., for examination or treatment or both, unaccompanied by an adult, custodial parent, or non-custodial parent, because of my (our) absence or unavailability. I (We) hereby authorize, request and direct you to render treatment to said unaccompanied minor, including without limitation diagnostic, medical, minor surgical care, x-rays, venipuncture or other laboratory services or other care that requires a series of treatments to the extent I (we) have previously consented to the series of immunizations and/or treatments.

Consent to Prescription Medication. I/(We) understand that as part of the treatment of our minor child that the treating provider may recommend prescription medicinal drugs to be administered within the office setting or to be prescribed to the pharmacy of our choice. I/(We), consent to the use and prescription medications that are deemed medically necessary for the treatment of my minor child's medical condition. I/(We) authorize Advance Medical of Naples, LLC., and its Medical Providers to provide such care to our minor child.

Expiration: This consent will remain in effect unless terminated in writing by parent or legal guardian.

Parent or Legal Guardian Printed Name

Other Person Consenting to Care Printed Name

Parent or Legal Guardian Signature

Other Person Consenting to Care Signature

Date

Date

My relationship with the minor child is:

- ☐ Parent
- ☐ Legal Guardian
- ☐ Healthcare Surrogate/Power of Attorney
- ☐ Stepparent
- ☐ Grandparent
- ☐ Adult Aunt, Uncle, Brother or Sister

Attempts to reach parents: Dates/times