



# Gilbert Center

For Family Medicine

## Permission to Treat a Minor (Under the age of 18)

Gilbert Center for Family Medicine must receive permission from a child's parent or legal guardian before providing treatment for any injury or illness that is non-life threatening. This form gives our office the legal permission and consent to treat your child in case you cannot accompany him/her. If your child or the party accompanying your child (baby-sitter, friend, relative, etc.) does not present this form, our office will not be able to treat your minor child. By signing the form, you are assuming responsibility for copays, deductibles, and all other charges associated with the appointment and are due before or at the time of service.

### Please Note:

- A parent/legal guardian **MUST** be present for their child's first visit to Gilbert Center for Family Medicine.
- A new "Permission to Treat a Minor" form is required for **EACH VISIT** that a minor will be seen without his/her parent/legal guardian.

**PATIENT NAME:** \_\_\_\_\_

**PATIENT DATE OF BIRTH:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

I, \_\_\_\_\_, grant \_\_\_\_\_ (minor child, facility name or adult Accompanying Minor Child into whose care, the minor has been entrusted) to arrange for and authorize routine and emergency treatment for minor child named above, at Gilbert Center for Family Medicine for the following date: \_\_\_\_\_ (this date indicates when this form is valid.) This authorization grants consent to any x-ray, examination, treatment, or medical diagnosis.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to patient:** \_\_\_\_\_

### In case of Emergency, I can be reached at:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please send current insurance information with your child or the party accompanying them.**