

## **Care of Unaccompanied Minor: Consent to Treat**

Frontier Family Practice recognizes how busy families are today. As such parents are not always able to take their children to appointments to receive medical care. This form gives Frontier Family Practice permission to treat a minor when a parent or legal guardian is not present.

Please review the following authorization for treatment and complete the information if you want to authorize such treatment for your minor child. Please note that patients 18 years of age and older do not require formal authorization.

If this form is not originally received from a parent or guardian please expect a call from Frontier Family Practice to confirm. Thank you!

## **AUTHORIZATION**

Name:

I (we) have the legal right to preauthorize this facility to deliver medical treatment to my (our) child. I (we) request and authorize Frontier Family Practice and its personnel to deliver medical care to my child, named below.

		<del></del>	
Date of	f Birth:	Gender:	
TIME FRAME			
Please select only one of the following options:			
This authorization is valid and remains in effect until I revoke it in writing.			
	This authorization is valid from	until	
	This authorization is valid for this da	ate only:	

I understand I may revoke this consent at any time in writing.

## **CONTACT INFORMATION**

If emergent medical care is needed, first try to contact me (us) regarding the medical situation of my (our) child at the following telephone number(s). If you are unable for any reason to contact me (us), then you may rely on the designated provider's medical judgment.

Parent's Name	Parent's Name	
Work Phone	Work Phone	
Evening Phone	Evening Phone	
Cell Phone	Cell Phone	
Signature of a custodial parent or legal guardian	Witness/Verification Check One: In Person via phone	
Date	Date	

Upon receipt, this form will be scanned into the patient's electronic health record. The scanned form then becomes the legal document from that point forward, and this original will be securely destroyed by shredding.