Authorization for Evaluation and/or Treatment of a Minor Child Unaccompanied by Parent or Legal Guardian

Parents or Legal Guardians must accompany a child younger than 18 years of age to consent for all medical treatment provided by Children's Health Partners, SC. Please complete this form if your child will be coming for a visit, treatment or procedure without a parent or legal guardian.

Patient Name(s):____DOB:______________________

____DOB:______________________

____DOB:______________________

____DOB:______________________

Address:____Phone:_________________________________

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<u>Authorization for another person to Seek Medical Treatment for Above Named Child</u>:

I authorize: _____________________________________Relationship to Child:_____________________

_____________________________________Relationship to Child:_____________________

_____________________________________Relationship to Child:_____________________

to seek medical care for my child/children, listed above. I agree that they may have access to test results and other pertinent health information. I understand that I am financially responsible for all medical care provided.

Name of Parent/Guardian: _____________________________________ Date:__________________

Signature of Parent/Guardian:____

Written consent is valid for the time period of: ________________ to ____________________

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<u>Authorization for Unaccompanied Minor Patient to Seek Medical Treatment</u>

I authorize and give consent for my child, who is 16-18 years old, to go independently to appointments and consent to all medical treatments, including/excluding vaccines (circle one), without the presence of a parent or legal guardian. I understand that I am financially responsible for all medical care provided.

Name of Child: ____ DOB:____________________

Name of Parent/Guardian: _____________________________________ Date: __________________

Signature of Parent/Guardian:____

Phone Number: (In case of Emergency)____

Written consent is valid for the time period of: ________________ to ____________________

11/2/17