

**Consent for Minor Child to Attend Appointment Unaccompanied**

**(This form applies AFTER the minor's first visit. A parent/guardian MUST attend the first visit.)**

I am the parent or legal guardian of the minor child listed below, and have the right to consent for medical treatment.

Patient (Minor Child) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize the minor child, **age 14 or older**, to attend a medical visit unaccompanied by an adult, and give permission for the following (check all that apply):

- Well child visit
- Sick visit
- Point of care testing (testing for flu, strep, etc.)
- Point of care testing (pregnancy testing)
- Contraception education/counseling and prescription of contraceptives
- Procedures that do not require specific informed consent
- Other: \_\_\_\_\_

I agree to be available by phone when my child/ward attends an appointment unaccompanied, and can be reached at: \_\_\_\_\_.

**VACCINATION EXCEPTION:** I understand that a parent, guardian, or authorized adult **must be present** for all vaccinations. If immunizations are due and an authorized adult is not present for the visit, a nurse visit appointment will be scheduled for a later date.

I understand that this consent is valid for one year from the date of signature, or sooner if the minor child turns 18, or I revoke the consent in writing, prior to one year.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Cell Phone #: \_\_\_\_\_

Please note: Patient financial responsibility is due at the time of service.

I have been presented with the above information and do not wish to allow my child to attend an appointment unaccompanied.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_