

# Consent to Treat Minor Patient Without Legal Guardian Present

(Please Print)

Name of Minor Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Person giving consent: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_ Phone number: \_\_\_\_\_

**I do hereby state that I am the Parent/Guardian and authorize the following:**

- The person listed below, **who is over age 18**, may bring the minor listed above to their scheduled appointment because I am not available.
- Accompanied by this person, the patient may be examined and treated for routine and acute care such as physical examination, medical evaluation, and testing (such as throat swab and urinalysis).
- I understand that any immunizations for this minor patient require my own signature on a separate consent form, and will not be given outside my presence.
  - I understand that there will be office charges for this appointment.
- I will provide current insurance information for the filing of claims. I will also provide any co-pay required by my insurance at the time of service, either by having the patient or representative pay it, or by giving credit card information directly to the office staff for the payment to be rendered.

**Consent given to:**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ DOB: \_\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please print and complete this form and **fax it to (571) 222-1101 or deliver in person to:**  
Mountain View Internal Medicine and Pediatrics  
7051 Heathcote Village Way Suite 155  
Gainesville, VA 20155  
(571) 248-0167