



## Parental Authorization to Treat Minor Child Without Parent or Guardian Present

<b>Student's Last Name</b>	<b>Student's First Name</b>	<b>Date of Birth</b>
<b>Parent/Guardian's Last Name</b>	<b>Parent/Guardian's First Name</b>	<b>Relationship to Student</b>
<p>Our school requires that a parent or guardian give specific permission if a minor child will receive treatment or evaluation when the child is accompanied by someone other than the parent or guardian, or if the child presents by himself or herself.</p> <p>Parental authorization is given below so that your minor child may receive treatment or evaluation without his or her parent being present. This authorization will become part of the student record.</p>		
<p><b><u>Minor Accompanied by Other than Parent or Guardian</u></b></p> <p>_____ (Initial) The person(s) listed here is/are authorized by me to give consent in person for medical care and/or sports physicals for my child. This is in effect until revoked in writing by me. This person may also sign any necessary consents or acknowledgements on my behalf, including responsibility for payment. The person(s) listed must present a valid photo ID.</p> <p><b>Name:</b></p> <p><b>Relationship to Student:</b></p> <p><b>Name:</b></p> <p><b>Relationship to Student:</b></p>		
<p><b><u>Unaccompanied Minor</u></b></p> <p>_____ (Initial) My minor child may present unaccompanied by an adult and receive treatment or evaluation. My child is authorized by me to give consent for medical care and/or sports physicals. This is in effect until revoked in writing by me, but will be confirmed by a verbal authorization each visit. My child may also sign any necessary consents or acknowledgements on my behalf, including responsibility for payment.</p>		
<b>Parent/Legal Guardian Signature</b>		<b>Date</b>