



Parental Authorization to Treat a Minor Child When not accompanied by Parent or Legal Guardian

I recognize that Bear Valley Urgent and Primary Care requires permission from a child's parent or guardian before providing medical services when the child is accompanied by someone else other than the parent or legal guardian or presents by him or herself. When parents/legal guardians are not immediately available and advanced consent has not been provided, time must be taken to obtain permission therefore; treatment may be delayed or even denied.

I, also acknowledge that a specific treatment such as an administration of a medication or procedure during a visit will require my verbal consent.

Below, please note my parental authorization given so that my minor child may receive treatment at Bear Valley Urgent and Primary Care without his or her parent being present. This authorization will become part of the patient record.

Patient's Full Name: _____ **Date of Birth:** _____

Address: _____

_____ (**Initial**) This certifies that the person listed below has my permission to authorize necessary medical care and/or sports physical for my child. This authorization is in effect until revoked by me in writing.

The following person(s) have my permission to authorize medical care/sports physicals for my child and to sign any necessary general consents or acknowledgements on my behalf. The following person will present valid ID for identification purposes and sign forms signifying my parental responsibility for payment.

1.) Name of Accompanying Adult: _____

Relationship to patient: _____ **Ph:** _____

Address: _____

2.) Name of Accompanying Adult: _____

Relationship to patient: _____ **Ph:** _____

Address: _____

Parent/Legal Guardian Name: _____

Date: _____

Signature: _____

Date Received: _____