## CONSENT TO TREATMENT OF A MINOR

## Written consent from parent or legal guardian; An adult, 18 years or older, must accompany the patient during the visit. A Consent Form must be signed for each visit.

**MINORS AGE 15 AND UNDER:** 

A Consent Point must be signed for t	Lacii visit.		
I,	, authorize Burleson Health and Wellness		
(Parent/Legal Guardian Name)			
to treat	, my minor child on		
(Patient Name)	, my minor child on (Date)		
Symptoms patient is experiencing:			
If an injection is required to treat syn	nptoms, do we have your permission to administer?	Yes	No
Dhone number provider can contact you	at if necessary		
Flione number provider can contact you	at it necessary		
Signed	Date		
			-
MINORS AGE 16 AND 17:			
Written consent from the parent or legal	guardian		
1			
I,(Parent/Legal Guardian Name)	, authorize Burleson Health and Wellness		
,			
to treat	, my minor child on		
(Patient Name)	(Date)		
If an injection to treat symptoms is re	equired, do we have your permission to administer?	Yes	No
, , ,			
Phone number provider can contact you	at if necessary		
i none number provider can contact you	at it itecessary		
Signed	Date		

All minors must be accompanied by their parent or legal guardian for immunizations, invasive procedures or lab draws.

Update Oct. 2019