CONSENT TO TREAT MINOR WITHOUT PARENT/GUARDIAN PRESENT

Patient Name:_____ **Date of Birth**:____/____/____

Many times Parents/Legal guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your teen or young adult children. This consent will give the designated individual authority to consent to any and all treatments, immunizations and/or procedures that may be needed at the office visit. This does not give authorization for blood draws or x-rays/imaging.

Children 16 or 17 Years Old:

Minors 16 or 17 years old MUST have a Parent/Legal guardian present for initial office visit or they will be asked to reschedule their appointment. If the patient is 16 or 17 years old, they can be seen for follow up appointments without a Parent/Legal guardian only if Parent/Legal guardian fills out and signs this consent form authorizing UP Health System Medical Group clinics to provide treatment to their teen.

I hereby grant UP Health System Medical Group clinics permission to treat my 16 or 17 year old teen when they arrive at the office unaccompanied.

_____ ____/____/____
Signature of Parent/Legal Guardian Date

Children 15 Years Old or Younger:

Minors 15 years old and younger MUST have an adult present for all office visits or they will be asked to reschedule their appointment. If the patient is 15 years old or younger, they will be able to be seen for their appointment with an adult present other than a Parent/Legal guardian only if Parent/Legal guardian fills out and signs this consent form authorizing UP Health System Medical Group clinics to provide treatment to their child.

I hereby grant UP Health System Medical Group permission to treat my child when they arrive at the office accompanied by the authorized named adult listed below.

_____ _____
Name of Authorized Adult Relationship to Patient

_____ ____/____/____
Signature of Parent/Legal Guardian Date

It is the responsibility of the parent/guardian to notify the clinic if this authorization is rescinded prior to scheduled appointments within one year. UP Health System Medical Group clinics will not be responsible for confirming the authorized individual's continued consent if the situation changes. This consent will expire in one year from date signed.