



CONSENT TO TREAT A MINOR

(if applicable)

Father's Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ (OK to call Y /N)

Mother's Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ (OK to call Y /N)

Guardian's Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ (OK to call Y /N)

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Please circle/check all that apply to minor and family:

Divorce Legal Separation Custody/Guardianship Restraining Orders Current Litigation Issues Probation

Any issues concerning Divorce, Custody, Guardianship, Probation and/or Restraining Orders will require all documents to be presented on first visit to verify any legal issues and/or custody of child. Copies of these documents will be kept with minor's records.

I, (print name) _____, am the (check one) mother father legal guardian
of (print minor name) _____ and I authorize **Patriot Urgent Care** to provide medical treatment
with **Patriot Urgent Care**. _____ (initial here)

I, (print name), _____ authorize the Emergency Contacts to accompany my child, and I authorize
Patriot Urgent Care to provide medical treatment to said minor. I also agree to be legally responsible for any charges said minor
may incur during the treatment with **Patriot Urgent Care**. _____ (initial here)

Signature: _____ Date: _____