

963 Town Center Drive
Orange City, FL 32763
386 - 774 - 9880

1301 S. International Parkway
Lake Mary, FL 32746
407 - 444 - 5225

1431 Orange Camp Road
DeLand, FL 32724
386 - 774 - 9880

Atlantic Ear, Nose & Throat, PA suggests that parents with minor children complete this Consent to Treat Minor Form in the absence of other documentation authorizing treatment for their child. This gives legal permission to treat your child if you cannot accompany your child to an office appointment.

The law requires us to receive permission from a child's natural parent or legal guardian before treatment of illness or injury that is not life threatening. If this form (or appropriate substitute) does not accompany the person bringing the child in for treatment, the parent must be contacted prior to treatment.

Parental Consent for Medical Treatment

I, (We) _____ and _____ do
(Parent or Legal Guardian Name) (Parent or Legal Guardian Name)

hereby state that I am (we are) the parent(s) or legal guardian(s) of

_____, a minor, aged _____, born on _____
(Patient or Minor Name)

_____, who resides with me (us) at _____.
(Patient or Minor Date of Birth) (Parent or Guardian Address)

I (We) authorize the adult _____ who resides at _____
(Temporary Guardian Name)

_____ to act in my (our) behalf in authorizing and
(Temporary Guardian Address)

consenting to all medical and surgical care, medical procedures, and/or diagnostic tests for the above named minor. I agree to pay for all services provided to my child in my absence.

This authorization shall be effective until _____.

Signatures

Parent / Guardian (circle one) Date

Parent / Guardian (circle one) Date

Witness Signature & Printed Name Date