



Informed Consent Authorization
(17 Years and Younger)

Important notice: This form must be completed and signed by the Parent/ Legal Guardian prior to treatment being rendered on the occasion a patient is not accompanied by the Parent/Legal Guardian, This consent also applies if immunizations or special procedures will be performed.

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

I, _____, declare that I am the Parent/Legal Guardian of the above-named patient. I give authorization for Immediate Care Medical Center to give treatment to my child in my absence while in the care of:

Name of Caregiver

Relationship to patient

Name of Caregiver

Relationship to patient

Name of Caregiver

Relationship to patient

***PLEASE NOTE** The Parent/ Legal Guardian also gives consent for the above-named individual to pick-up any prescriptions/ samples, medical records/ information, or speak with a medical technician/ practitioner regarding the child's condition.

The authorized caregiver is responsible to convey any treatment or follow up appointments needed for the patient to the patient's Parent/ Legal Guardian.

Please complete the information below to assist us in providing the best care possible for your child. If you have any additional specific concerns that you would like addressed by the provider, please present a note for that visit.

Do you authorize Immediate Care Medical Center to administer all necessary medical care and required immunizations to the child? YES or NO _____(Initials)

This consent is to remain valid starting on _____ (Date) until revoked.

I declare under penalty of perjury that I have read this form and the information provided is true and correct

Signature of Parent/ Legal Guardian

Date Signed

Parent/Legal Guardian Name (Print) _____

Immediate Care Medical Center must have this form completely filled out and signed prior to any procedure or immunization given.