



THE FAMILY DOCTOR
EST. 2014
PRIMARY CARE & TRAVEL MEDICINE

Permission to Treat Minors

I, _____, hereby give permission to the individuals listed below to bring my child(ren) to The Family Doctor and to make any and all medical decisions at the time of the visit. This permission will remain in effect until such time that I specifically revoke it.

Children's names:

_____	_____
_____	_____
_____	_____

People who may bring the child(ren):

_____ Name	_____ Relationship to patient
_____ Name	_____ Relationship to patient
_____ Name	_____ Relationship to patient

Printed Name

Signature

Date

For any of my children who are 16 years of age or older or for any who later turn 16 years of age, I give permission for them to present to The Family Doctor for care without the presence of an adult guardian. This permission will remain in effect until such time that I specifically revoke it.

Printed Name

Signature

Date