NAME OF OFFICE PRACTICE: **SANDUSKY PEDIATRICIANS**

*(Internal Use: data entered&scanned per patient/initials date: ________________________)*

# PARENT/GUARDIAN CONSENT TO TREAT MINOR PATIENTS

## *ACCOMPANIMENT Consent by someone other than a Legal Guardian*

I, the Legal Guardian, ________________________________________, of the minor child(ren), give my consent for (*print minor child(ren's) names*):

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

to be accompanied by the individuals listed below to office visits and treatment that requires only general consent I have already signed the General Consent form included in the Financial Registration. ***It's not necessary to include other Legal Guardians.***

Name__________________________________________________Relationship_______________________

Name__________________________________________________Relationship_______________________

Name__________________________________________________Relationship_______________________

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## *NO ACCOMPANIMENT BY AN ADULT or Legal Guardian Consent*

**Please complete this section ONLY if you consent for your minor child to transport himself/herself to office visits and treatment that requires only general consent without a Legal Guardian present.**

My minor child(ren) (*print names of minor child(ren) you are authorizing*):

____________________________________________________________________________________________________

____________________________________________________________________________________ has my permission to transport himself/herself to receive general treatment that does not require general consent, which I, (*print name of legal guardian*)__________________________________ as guardian, have already given.

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## LEGAL GUARDIAN SIGNATURE

I understand that this consent is in place until revoked by me and/or the expiration of one year.
You can contact me by phone:

Home:________________________________Cell:_______________________Work:______________________________

Legal Guardian Signature:_________________________________________________Date:________________________

Relationship of Legal Guardian to child(ren:_______________________________________________________________