

Ellenton Urgent Care

A Smart ER Alternative



Authorization to Consent to Treatment of Minor

The purpose of this form is to give the permission to Ellenton Urgent Care, the power and authority to consent to medical treatment for my child.

- Name of Child: _____
- Child Date of Birth: _____

Ellenton Urgent C may consent to my child's: all of the below listed

- Examination
- Physical
- COVID-19 Testing
- X-rays
- Medication
- Procedures
- Transportation by ambulance

This power and authority will be effective as of _____.

This consent will remain in effect until it is revoked by notifying the medical facility in writing.

Patient Representative: _____

- Legal Guardian Name: _____
- Legal Guardian Phone Number: _____

• By signing this form, I make an oath and say that I am the lawful guardian of the minor listed below and there are no court orders in effect that would prohibit me from conferring the power to consent upon another person. I authorize and appoint the individual(s) listed above, the power and authority to consent to medical treatment for my child. Please have the patient listed above present phot I.D. upon check in.

- Legal Guardian Signature: _____
- Date: _____