



## Parental Authorization to Treat Minor Child Without Parent or Guardian Present

_____	_____	_____
<b>Patient's Last Name</b>	<b>Patient's First Name</b>	<b>Date Of Birth</b>
_____	_____	_____
<b>Parent or Guardian's Last Name</b>	<b>Parent or Guardian's First Name</b>	<b>Relationship to Patient</b>

AppleCare Immediate Care requires that a parent or guardian give permission if a minor child will receive treatment when the child is accompanied by someone other than the parent or guardian.

Parental Authorization is given below so that your minor child may receive treatment without his or her parent or guardian being present. This authorization is valid for one date of service and will become a part of the patient record. **Present this form with copy of Parent or Guardian's valid photo ID for each visit.**

### **Minor Accompanied by Adult Other than Parent or Guardian**

\_\_\_\_\_ (Initial) The person listed here is authorized by me to give consent in person for medical care and/or sports physicals for my child. This person may also sign any necessary consents or acknowledgements on my behalf, including responsibility for payment. I acknowledge that I (as the parent or guardian) is the responsible party for any balance due resulting from this visit. The person listed must present a valid photo ID for verification purposes.

**Authorized Visit Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**