



## PARENTAL CONSENT FORM

PATIENT NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I \_\_\_\_\_ parent of the above stated patient, hereby grant this minor to be  
treated in my absence. They may be treated alone or with \_\_\_\_\_  
(name of accompanying adult)

This grant is good only on \_\_\_\_\_ (date) or until terminated by the undersigned parent.

In care of an emergency, the care provider(s) should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should then contact the following person(s) in the order listed below:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

If the Child should need hospitalization, the preferred choice is: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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