



Medical Treatment Authorization for Minors

Please (1) check a box, (2) fill out the appropriate section, and (3) sign and date the bottom of the form.

Minor Child's Name: _____

Date of Birth: _____

Family Practice Associates **IS ALLOWED**, as authorized below, to treat the minor child listed above in the event that I (or the child's other parent/legal guardian) are unable to be present for any the following appointment types.

_____/_____
Authorized / Forbidden Sick Visits (to treat: minor injuries, sore throat, nausea/vomiting, etc; any of which may or may not also include blood draw, injections, or any other test/procedure deemed necessary by the physician)

_____/_____
Authorized / Forbidden Injection Only Appointments (including, but not limited to: allergy shots, school required vaccines {MMR, Tetanus, Meningitis, etc} or yearly influenza vaccines)

_____/_____
Authorized / Forbidden Physical Exams (including: sports related physicals or general well child check-ups that may or may not include blood draw/vaccines/etc)

NOTE: ANY SPORTS PHYSICAL FORMS REQUIRING PARENT/LEGAL GUARDIAN SIGNATURE MUST BE SIGNED BY THE PARENT/LEGAL GUARDIAN PRIOR TO THE APPOINTMENT WITH A PHYSICIAN AND SENT WITH MINOR CHILD TO THAT APPOINTMENT.

The minor child listed above **IS NOT ALLOWED** to have any appointments, tests, or injections at Family Practice Associates **unless** I or one of the below listed adults are present with the minor child (please include grandparents, caregivers, siblings over the age of 18, and any other adult who may bring the minor child without a parent/legal guardian present):

Name/Relationship to Child: _____ Date of Birth: _____

I agree that I will be responsible for all charges resulting from any appointment for my minor child, even though I may or may not be present with the child at the time of the appointment, depending on the authorizations chosen above. I understand and agree that this form will remain valid until the child's 18th birthday or until requested in writing by a parent/legal guardian to be revoked.

Parent/Legal Guardian Signature

Date Signed

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Date of Birth