



**Parental Authorization to Treat Minor Child
When Not Accompanied by Parent or Guardian**

I recognize that Safe Care Express Urgent Care requires permission from a child’s parent or guardian before providing medical services when the child is accompanied by someone other than the parent or legal guardian or presents by him or herself. When parents/legal guardians are not immediately available and advanced consent has not been provided, time must be taken to obtain permission and treatment may be delayed or even denied. However, please note that during an emergency, care would not be delayed.

I also acknowledge that a specific treatment such as administration of a medication or procedure during a visit will require my verbal consent.

Below, please note my parental authorization given so that my minor child may receive treatment at Safe Care Express Urgent Care without his or her parent being present. This authorization will become part of the patient record.

Patient’s Name		Date of Birth	
Address			

Part A

_____ (Initial) This certifies that the person listed below has my permission to authorize necessary medical care and/or sports physicals for my child. This authorization is in effect until revoked by me in writing.

The following persons(s) have my permission to authorize medical care/sports physicals for my child and to sign any necessary general consents or acknowledgements on my behalf. The following person will present valid ID for identification purposes and sign forms signifying my parental responsibility for payment.

Name	
Address	
Name	
Address	

AND/OR

Part B

1. _____ (Initial) My minor child, who is at least 14 years of age and named above, may present unaccompanied by an adult and receive treatment per this authorization. My child has permission to authorize my parental responsibility for payment if able to provide valid acceptable identification.

Parent/ Legal Guardian Name		Signature		Date	
Witness Name		Signature		Date	

For Center Staff Only: Date Received: _____