



Urgent Doc

Urgent Care Clinic

Minor Medical Consent Form

(To be used when anyone other than parent or legal guardian is bringing in a patient under the age of 18)

I _____, parent or legal guardian of _____
(Parent/Guardian Name) (Minor Name)

do hereby consent to allow _____ to bring my child in
(Name and Relationship to Minor)

for medical treatment and care at Urgent Doc in my absence. This authorization is effective from this
date _____ and expires on the date of _____.

Parent or Legal Guardian Phone: _____

Patient Allergies to Drugs or Food: _____

Patient Medications: _____

Signature of Parent or Legal Guardian Print Name Date

Urgent Doc Witness Print Name Date

For Clinic Use

Place copy of consent form and copy driver's license or photo ID of party approved to bring in minor into
the patients chart