

MINOR CONSENT FORM

Portland Family Practice
541 NE 20th Ave Suite 210
Portland Oregon 97232

The law requires the clinic to receive permission from the child's natural parent or legal guardian before treatment of illness or injury that is not life threatening. If this does not accompany the person bringing the child in for treatment, the parent must be contacted prior to treatment.

Completed forms should be left with babysitters, relatives, or neighbors. This form MUST be dated and is good for no longer than a 90 day time span.

Visit Date: _____

AUTHORIZATION TO OBTAIN MEDICAL CARE

Child's name: _____ DOB: _____

Allergies:

Date of last tetanus shot: _____

Medical conditions: _____

Current Medications:

I _____ (legal guardian) hereby grant
_____ (person accompany minor)
permission to authorize emergency medical treatment for my above listed child
during my absence. I also understand that I am responsible for any charges
related to the service and treatment that results from this visit.

Parent/Legal Guardian signature: _____ DOB: _____

Insurance Name: _____

Policy holder: _____

Policy number: _____

Group number: _____