

CONSENT FOR TREATMENT OF A MINOR

(as of 11/6/08)

MINORS AGE 15 and under:

For North Country Family Practice to treat a minor age 15 and under, we must have

- Written consent from the parent or legal guardian and
- An adult must accompany the patient during the visit.

A Consent form must be signed for each visit.

I, _____, authorize North Country Family Practice to treat
_____, my minor child on ____/____/_____.

Nature of the medical treatment to be given:

Signed: _____

Date: _____

FOR MINORS AGES 16 AND 17:

For North Country Family Practice to treat a minor age 16 or 17, we must have

- written consent from the parent or legal guardian

A Consent form must be signed for each visit.

I, _____, authorize North Country Family Practice to treat
_____, my minor child on ____/____/_____.

Signed: _____

Date: _____

IMMUNIZATIONS AND SURGICAL PROCEDURES

All minors must be accompanied by their parent or legal guardian, in order to provide immunizations and/or surgical procedures. Consent forms must be signed by the parent or legal guardian.