

Authorization for Consent for Treatment of Minor Child (Without Parent/Legal Guardian Present)

Per Washington State law, Sound Family Medicine must receive permission from a child's parent or legal guardian prior to providing certain types of treatment for preventative care, injury or illness that is non-life threatening. This form provides legal permission to treat a minor with a designated adult who may be present during treatment (Child under age of 18).

Per Washington State Law, there are medical services minors can receive without parental consent, i.e. mental health, chemical dependency, STDs, birth control, abortion services and prenatal care.*

This agreement will stay in effect for 6 months from the date of signature below unless revoked in writing by a parent or legal guardian.

Printed Name of Minor Child

Date of Birth

Printed Name of Person who has been given authorization to consent to treatment for Named Minor Child (Must be 18 or older)

I approve the above-named person to seek medical treatment for my minor child listed above. I accept that I am financially responsible for all health care fees incurred by my child during these visits.

Printed Name of Parent or Legal Guardian

Signature of Parent / Legal Guardian

Date of Signature

Phone Number of Parent / Legal Guardian

*This agreement does not involve approval for routine child and adolescent shots; a parent or legal guardian must be present for routine vaccines including flu vaccine.

NOTE: A parent/legal guardian MUST be present for a minor patient's initial visit with Sound Family Medicine. Insurance card(s) must be present and applicable co-pay/ deductible payments are due at check in regardless of who is accompanying the minor.