

Medical Consent Form for Minors

Patient information

Date: September 14, 2024	
Name of minor: Emma Davis	Age: 10 years
Assigned sex at birth: Female	Gender: Female

Parent/legal guardian information

Name of parent/guardian: Jennifer Davis	
Relationship to minor: Mother	
Phone number: (555) 123-4567	Email: j.davis@email.com
Address: 1234 Maple Street, Springfield, IL 62704	

Consent for medical treatment

I, Jennifer Davis, as the parent/legal guardian of Emma Davis hereby give my consent for Dr. Michael Andrews at Springfield Pediatrics to provide the following treatment:

Routine medical examination and vaccinations

I understand that healthcare services may include but are not limited to medical examination, diagnostic tests, medication, and/or surgery and that such services may be deemed necessary by the healthcare provider.

I acknowledge that the healthcare provider has explained the potential risks and benefits of the treatment options and has had the opportunity to ask questions and clarify any concerns.

I understand that I have the right to ask for additional information about the proposed treatment, to refuse treatment, or to seek a second opinion.

I authorize the healthcare provider and their staff to provide medical treatment to my child, and I assume full responsibility for payment for such treatment.

I hereby authorize the release of any medical information necessary to process insurance claims or for any other legitimate purpose.

In case of an emergency, please contact me using the details above.

I hereby certify that I am the parent/legal guardian of the above-named minor and that I have the authority to give the consent as outlined above.

Jennifer Davis
Jennifer Davis
September 14, 2024

Dr. Michael Andrews
Dr. Michael Andrews
September 14, 2024