



## CONSENT TO TREAT MINOR WITHOUT PARENT/LEGAL GUARDIAN PRESENT

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any child under the age of 18 years old cannot be seen by a Bullhook Community Health Center Provider without consent from a parent or legal guardian.

If a minor arrives for an appointment accompanied by someone other than their parent or legal guardian, Bullhook Community Health Center cannot see or treat the minor.

A minor unaccompanied by their parent, legal guardian or person who has been appointed to act on their behalf must have this designated consent.

This consent gives Bullhook Community Health Center the authorization to treat this minor with any and all treatments, including but not limited to: blood draws, x-rays/imaging, medications, immunizations.

There are instances when a minor child can be seen at Bullhook Community Health Center without parent/guardian include, birth control, STD testing, pregnancy, substance abuse or if the minor is emancipated.

You may appoint anyone who is over the age of 18 years of age to be responsible for your child if you are unable to accompany them to their medical, dental or behavioral health appointment.

**I hereby grant Bullhook Community Health Center permission to treat my child when they arrive for their appointment accompanied by the authorized named adult/s listed below.**

\_\_\_\_\_  
Name of Authorized Adult (please print)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Name of Authorized Adult (please print)

\_\_\_\_\_  
Relationship to Patient

*\*My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.*

\_\_\_\_\_  
Parent or Legal Guardian Printed Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Relationship to Patient

*\*It is the responsibility of the Parent/Legal Guardian to notify Bullhook Community Health Center if this authorization is rescinded prior to scheduled appointments within one year. Bullhook Community Health Center will not be responsible for confirming the authorized individual's continued consent if the situation changes. This consent will expire in one year from the date signed.*