



CONSENT TO TREAT

Today Only

Date of Visit: _____

Consent for patients being brought to the office by someone other than the parent or legal guardian:
I, the parent or legal guardian of _____ hereby give
_____ permission to bring my child to the office today for an examination.

Please be aware that immunizations and/or procedures cannot be performed without the parent or legal guardian's verbal consent. I will be available to give verbal consent to the administration of immunizations and/or any procedures at the following phone number(s):

1. (_____) _____

2. (_____) _____

Consent for a patient who is 16 years of age or older and coming to the office alone:

I, the parent or legal guardian of _____ hereby give
Physicians Now clinical provider (i.e. Physician, Nurse Practitioner or Physician Assistant)
permission to treat him/her without me being present.

Please be aware that for your child's safety we will not perform immunizations or procedures if there is not an adult accompanying the patient.

I will be available at the following phone number(s):

1. (_____) _____

2. (_____) _____

Parent/Legal Guardian Signature: _____ Date: _____

Please attach a copy of your driver's license.