

PARENTAL CONSENT FOR TREATMENT AND CARE OF MINORS¹

I, _____, being the parent and/or legal Guardian of the
print adult name

minor age child, _____, _____,
print child's name date of birth

hereby give consent for necessary or appropriate treatment and care by the health care providers

affiliated with _____, which may include, without limitation,
Clinic name

arranging for and/or authorizing consultation, evaluation, referral, treatment, for the above-named

minor.

This consent shall remain in effect unless it is revoked in writing.

Signed this _____ day of _____, 20__

Parent / Legal Guardian: _____
Print name Sign name

Relationship to minor: _____

Address: _____

Phone: _____

*Please attach a copy of the parent/guardian valid ID or driver's license to this consent form.

¹ Authority: Sect. 1014.06, Fla. Stat.