Four Seasons Wellness
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Permission to Treat a Minor without a Parent/Guardian Present

Four Seasons Wellness must receive permission from a child's parent or legal guardian before providing any medical treatment and or services. This form gives us legal permission to treat your child in case you are unable to accompany him/her to the clinic for services. If the party accompanying your child (ie baby-sitter, friend, relative, etc) does not present this signed form or we do not have this signed form on file the minor child will not be able to receive services.

Note:

- A parent/legal guardian must attend a minor's first visit to Four Seasons Wellness
- Minors may NOT receive immunizations without a parent or legal guardian present
- A new "Permission to Treat a Minor without a Parent/Guardian Present" form is required to be renewed yearly
- In certain circumstances, in accordance with State and federal laws, parent/guardian permission may not be needed for adolescents being seen for concerns of "heightened sensitivity" such as STD testing, family planning, mental health, etc

Patient's Name:_____

Patient's Birthdate:_____ Today's Date:_____

I grant_____(adult into whose care the minor has been entrusted) to arrange for and authorize routine and emergency treatment at Four Seasons Wellness

_____Please initial here if you are authorizing the minor to seek and consent to treatment with no adult present. (Child must be at least 12 years of age). We/I acknowledge that we are responsible for all reasonable charges in connection with the care and treatment rendered.

In case of emergency, I can be reached at:

Address:	
Home Phone Number:	
Work Phone Number:	
Other Contact Phone Number:	
Health Insurance Carrier:	
Member ID:	
Group Number:	

- Please send the insurance card and co-pay (if applicable) to the appointment.
- If the visit will not be covered by insurance, a deposit of 50% of the provider estimated cost of care is required at the time of the visit.

Signature:_____Date:_____

Relation to patient (documentation may be requested):_____