

PhysicianNow URGENT CARE

CONSENT FOR TREATMENT OF MINORS

This form is to be used for a minor of less than 17 years of age to have treatment when a Parent or Legal Guardian is not available.

I, _____, the parent/legal guardian of _____, give my permission for Physician Now, LLC to perform any tests or examinations that are deemed necessary to help improve the healing process of my child. I realize that there is a possibility that my child may need to be transferred to a medical facility that is able to provide more extensive care for his/her illness. In this case, I will be notified prior to transferring my child.

Parent / Legal Guardian

Date

Witness

Date

My Child's Health Information

Physician: _____ Hospital: _____

Allergies: _____ Med HX: _____