AUTHORIZATION TO CONSENT TO TREATMENT
MINOR (Under 18 years of age)

FOR PATIENTS UNDER 18 YEARS OF AGE:

I / We, parent(s) of _____, a minor (any child under the age of 18),
(child's name)
do hereby authorize the individual(s) named below to consent to medical treatment to be rendered at the office.

These authorizations shall remain effective (choose one):

- ❑ This date range: _____ through _____
- ❑ Indefinitely
- ❑ **No access allowed to anyone** (other than the legal guardians)

OTHER THAN THE LEGAL GUARDIANS, please list the name(s) of all those allowed to consent to treatment for the above named child (must be 18 years of age or older):

1._____ 2._____ 3._____

4._____ 5._____ 6._____

X_____
Signature of Parent/Guardian Date

Advance Practice Nurse

This office has on staff an advance practice nurse to assist in the delivery of medical care. An advance practice nurse is not a doctor. An advance practice nurse is a registered nurse who has received advanced education and training in the provision of health care. An advance practice nurse can diagnose, treat, and monitor common acute and chronic diseases as well as provide health maintenance care. In addition, the advance practice nurse may treat minor lacerations and other minor injuries.

I have read the above, and hereby consent to the services of an advance practice nurse for my health care needs.

I understand that at any time I can refuse to see the advance practice nurse and request to see a physician.

X_____
Signature of Parent/Guardian Date