

CONSENT FOR TREATMENT OF A MINOR

I, _____ who is legal guardian of _____
Give permission for my child, who is under the age of 18, to be treated at Brown Road
Family Medicine without myself being present. I authorize _____
(who is over age of 18) to bring my child into the office to have medical treatment. I
assume the responsibility of informing the above listed adult of any allergies or adverse
reactions to any medications my child may have.

I also understand that it is up to the discretion of the medical provider who is performing
the care to determine if the instructions which are given to the patient necessitate the
guardian being present and that the treatment of a minor child may deferred until I can be
available.

Guardian signature

Date

This consent is valid for six months from the date of this signature.

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