

## CONSENT TO MEDICALLY TREAT A MINOR/VULNERABLE ADULT

I am the parent, guardian, or personal representative of \_\_\_\_\_  
Please print name of patient

and there are no court orders now in effect that prohibit me from signing this consent. I do hereby request and authorize the doctor practice staff to perform necessary services for the child named above.

Service provided: \_\_\_\_\_

In the event that a reaction takes place while the patient is at this facility, I  
\_\_\_\_\_, give my permission to treat \_\_\_\_\_  
Guardian name Patient name

as the clinic provider deems necessary.

I, \_\_\_\_\_ also consent to have \_\_\_\_\_ comply  
Guardian Patient  
with clinic guidelines of waiting 30 minutes after an allergy injection or 20 minutes after any other injection. \_\_\_\_\_ is expected to check with the nurse or medical  
Patient  
assistant before leaving the clinic facility.

\_\_\_\_\_  
Signature of guardian Date Witness Date

Consent for this service must be renewed annually.

**BrownClinic** P.L.L.P.  
Personal Care from the People You Know and Trust.