

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.