



PARENTAL CONSENT FOR TREATMENT AND CARE OF MINORS

I, _____ being the parent and/or legal Guardian of the
PRINT NAME

minor age child, _____, _____
PRINT NAME **DATE OF BIRTH**

hereby give my consent for any medical care and treatment provided by the health care providers affiliated with MediQuick Urgent Care Centers, Inc. In the event I am not available at the time the above minor requires medical care, I give parties listed below the authority to seek and authorize care.

ALTERNATE PARTIES AUTHORIZED TO SEEK MEDICAL CARE FOR MINOR CHILD

- 1) _____ Relationship: _____ Phone # _____
- 2) _____ Relationship: _____ Phone # _____
- 3) _____ Relationship: _____ Phone # _____

SIGNATURE OF PARENT/LEGAL GUARDIAN **DATE**

PRINTED NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF WITNESS **DATE**

PRINTED NAME OF WITNESS **DATE OF BIRTH**