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Medical Care Consent of a Minor

At Arcadia Allergy & Asthma, we seek to protect any minor patient (under the age of 18 years) by assuring the authorized guardian accompanies each patient. We understand there will be times when a parent of legal guardian may not be able to bring the minor patient to a visit and may need help from a sibling, family member, or close friend. In those cases, we require a signed letter of consent from the parent/legal guardian of the minor patient, specifying who is allowed to accompany the patient to the appointment.

If a minor patient is accompanied by an adult who is not the parent/legal guardian and does not have a signed note from the parent/legal guardian, we will have to reschedule for a time when a signed letter of consent or legal guardian may be present. To avoid situations such as these, if you know you will need help in the future from another adult (18 years or older) to bring the minor patient for a visit, please fill out the requested information below. By doing so, you are giving consent for the named adult(s) to bring the minor patient to appointments and accompany the patient during the entire visit, sign any consent forms Arcadia Allergy & Asthma may require in order to treat the patient as necessary, and give verbal consent to Arcadia Allergy & Asthma so the patient may receive treatment and/or allergy shots in our office as ordered by a provider.

However, the named adult(s) may not call in for any information regarding the patient or to request appointments or medication refills unless the **Patient Disclosure Form** has been completed with the same name(s) listed, if desired. If not, then a parent/legal guardian will have to do so.

<u>Name</u>	<u>Relationship to Patient</u>	<u>Approved Dates</u>
1. _____	_____	<input type="radio"/> Ongoing or only for: _____
2. _____	_____	<input type="radio"/> Ongoing or only for: _____
3. _____	_____	<input type="radio"/> Ongoing or only for: _____
4. _____	_____	<input type="radio"/> Ongoing or only for: _____
5. _____	_____	<input type="radio"/> Ongoing or only for: _____

Patient Name: _____ DOB: _____

Signature of Parent/Legal Guardian

Date