

PRE-CONSENT FOR TREATMENT OF A MINOR/DEPENDENT

This pre-consent form allows parents of minors or legal guardians of dependent adults to grant permission for other responsible adults to bring their child or dependent adult to our office for evaluation and treatment.

The undersigned parent/guardian of _____

Whose date of birth is _____

Does hereby empower and authorize the following named individuals:

1. _____ Relationship to Patient: _____
2. _____ Relationship to Patient: _____
3. _____ Relationship to Patient: _____
4. _____ Relationship to Patient: _____

Express permission to act as my agent to consent to and authorize medical evaluation and treatment for my above child/dependent. This authorization provides authority and power on the part of the above named individuals to give specific consent to any and all such evaluation, diagnosis, office treatment, immunization administration, anesthetic administration or surgical treatments which a physician, in the exercise of his/her best judgement, may deem advisable. This authorization includes hospital admission if such is deemed necessary by the physician.

This authorization shall be valid until or unless revoked by me in writing.

I do hereby indemnify and hold harmless the physicians, staff and other persons who act in reliance upon this authorization.

Parent/Guardian Name

Date of Birth

Parent/Guardian Signature

Date



180 Parkwood Drive, Elkin, NC | Phone: 336-527-7000 | www.hughchatham.org