



Consent to Treatment of a Minor Without a Parent or Legal Guardian Present

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Minors under 16 years of age unaccompanied by a parent or legal guardian

_____ I understand that it is the policy of Wee Care Pediatrics that minors under the age of 16 are to be accompanied to office visits by a responsible adult. If I am unable to accompany my child, I give permission to the following person(s) to bring them instead:

Minors aged 16 or older

_____ I authorize the staff of Wee Care Pediatrics to treat the above named minor for an office visit without my presence or the presence of another accompanying adult in the building.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Witness Signature

Date