



## Consent and Authorization for Minors

By law, a health care provider must attempt to contact a birth/custodial parent or legal guardian prior to rendering treatment to a minor child (a person under the age of 18), except in those instances where the law recognizes the minor as having the capacity to consent to a specific medical procedure/treatment. It is the policy of the Lake Mary Family Physicians to have a signed consent form by the birth parent/custodial parent or legal guardian of a minor in order for the minor to be seen by any of our physicians or nurses for medical treatment. If a minor child is brought to the Lake Mary Family Physicians by someone other than the birth/custodial parent or legal guardian, **the minor child must be accompanied by a note (“Authorization”)**.

**Authorization must include the date when it was written, name of the patient, name of the person bringing the child, what the child is being seen for, the birth/custodial parent or legal guardian’s signature, copy of the birth/custodial parent or legal guardian’s photo I.D., and a telephone number where the birth/custodial parent or legal guardian can be reached.**

I, \_\_\_\_\_,  
PLEASE PRINT NAME

*(circle your relationship to the patient)* birth parent / custodial parent / legal guardian / grandparent

give consent for the individual(s) identified below to bring the minor child identified below to the Lake Mary Family Physicians for medical treatment. I hereby authorize the Lake Mary Family Physicians and other personnel, to render medical care to my minor child in accordance with the Authorization without obtaining additional consent from me.

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PRINT FULL NAME OF MINOR CHILD (PATIENT)

\_\_\_\_\_  
Print Name of person bringing minor in for appt.

\_\_\_\_\_  
Relationship to minor

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Purpose of Visit (appointment for)

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Phone number where birth/custodial parent or legal guardian can be reached.

This consent is for (choose one):

1. Single time only.                      Date: \_\_\_\_\_
2. Specific period of time.              From \_\_\_\_\_ to \_\_\_\_\_
3. Indefinite period of time.            From \_\_\_\_\_ until revoked by me.

\_\_\_\_\_  
Signature of Birth/Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date