



22334 W 66<sup>th</sup> Street Shawnee, KS 66226

### Consent for Treatment of Minors

This form is to be used for a minor of less than 17 years to have treatment when a Parent or Legal Guardian is not available.

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, give my permission for Physician Now, LLC to perform any tests or examinations that are deemed necessary to help improve the healing process of my child. I realize that there is a possibility that my child may need to be transferred to a medical facility that is able to provide more extensive care for his/her illness. In this case, I will be notified prior to transferring my child.

\_\_\_\_\_  
Parent/Legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### My Child's Health Information

Physician: \_\_\_\_\_

Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

Med HX: \_\_\_\_\_

Immunizations Current?    Y/N