

Authorization and Consent of Legal Guardian

Today's Date: _____

Information

Patient Name: _____ DOB: _____

Parent / Legal Guardian's Name: _____

Choose one:

I grant my authorization and consent for _____ (referred to as "supervising adult") to approve treatment at WellQuest Medical & Wellness for the Minor Patient.

I grant my authorization and consent for _____ (referred to as "minor patient") to approve treatment on their own behalf. The Minor Patient is 16 years of age or older.

Choose one:

I grant my authorization and consent for the Minor Patient to be treated for any and all injuries and illnesses within the date range specified below.

I grant my authorization and consent for the Minor Patient to be treated for the specific illness or injury of _____ within the date range specified below.

Conditions of Authorization

I understand that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult or the Minor Patient, as specified above, in the exercise of his or her best judgement upon the advice of the medical personnel of WellQuest Medical & Wellness. I understand that WellQuest's payment policies still apply wholly and completely to this patient's account, and I agree to make proper payment for any and all charges incurred.

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

This authorization is effective commencing on _____, 20____ and expiring on _____, 20_____.

Parent / Legal Guardian's Signature: _____ Date: _____

