

**CONSENT TO TREAT A MINOR**

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

You may appoint anyone who is over the age of 18 years of age to be responsible for your child when you are unable to accompany them to their medical appointment on \_\_\_\_\_, 20\_\_\_\_\_.

Minor's full name: \_\_\_\_\_  
Last Name, First Name, Middle Name

Minor's Date of Birth: \_\_\_\_\_

For this appointment, when you may not be with your child, please list those individuals who may give us consent to see and treat your child:

\_\_\_\_\_  
Name & Relationship to Patient                      Driver's License Number

\_\_\_\_\_  
Name & Relationship to Patient                      Driver's License Number

Please be advised that we will not be able to perform any invasive procedures unless a parent or legal guardian accompanies the minor to their appointment. If such services need to be performed, another appointment will need to be scheduled in which the parent or legal guardian must be in attendance.

It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service.

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

\_\_\_\_\_  
Parent or Legal Guardian Signature                      Relationship to Patient

\_\_\_\_\_  
Date

**PROVIDENCE**  
830 Eddy Street  
Providence, RI 02905  
401-274-2300  
401-272-1302 Main Fax  
401-521-1824 Alt. Fax

**EAST GREENWICH**  
1351 S. County Trail  
Building #3 Suite 303  
East Greenwich, RI 02818  
401-885-8484  
401-885-7552 Fax

**Center for Vestibular & Balance Disorders**  
1351 S. County Trail  
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E. Greenwich, RI 02818  
401-453-5152  
401-884-0928 Fax

**WAKEFIELD**  
116 Main Street  
Wakefield, RI 02879  
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