

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

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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
Bldg. #3 Ste. 305
E. Greenwich, RI 02818
401-453-5152
401-884-0928 Fax

WAKEFIELD
116 Main Street
Wakefield, RI 02879
401-782-4400
401-782-4994 Fax