



Treatment to Minors

Name of Patient: _____

Date of Birth: _____

Many times, parents find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some point in time be unable to accompany your child.

I hereby grant: _____ permission to accompany my child to their appointment and make decisions regarding treatment.

Signature of Parent: _____

Date: _____
(Expires 1 year after this date)

Contact Phone Number (1): _____

Contact Phone Number (2): _____

**Parent or guardian must be present to the first appointment. This form only applies to follow up appointments.*