



Consent for Minors

I, _____, give consent for the individuals
(Parent/Legal Guardian)

identified below to bring _____ Date of Birth _____
(Patient's name)
to Integrative Pediatrics to receive medical treatment and advise during my
absence.

Name of person bringing minor in for appt

Relationship to minor

Name of person bringing minor in for appt

Relationship to minor

Name of person bringing minor in for appt

Relationship to minor

This consent is for (choose one)

1. Single time only. Date _____
2. Specific period of time. From _____ to _____
3. Indefinite period of time. From _____ until revoked by me.

Parent/Legal Guardian's Signature

Date

Driver's License Number

THIS FORM IS ONLY GOOD FOR 1 YEAR FROM SIGNED DATE.