**First Choice Urgent Care**

# CONSENT TO TREAT A MINOR

I, _____, am the legal guardian or parent of
legal parent/guardian

_____.
patient

I understand that by signing this authorization, I authorize any licensed provider of First Choice Urgent Care, to provide treatment to _____, as I, _____, am not
patient legal parent/ guardian
available to attend the appointment.

This authorization will expire one year from the date of the signature, unless it is revoked sooner by notifying our office in writing that you wish to revoke this authorization.

_____ _____
signature of legal parent/ guardian date

_____ _____
signature of legal parent/ guardian date