



Place Label Here or Print Information:

PT. Name: \_\_\_\_\_

PT. MRN: \_\_\_\_\_

PT. DOB: \_\_\_\_\_

**Minor Presenting For Services Without Parent or Legal Guardian**

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-352-6736.
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-352-6736.

The information below is to be obtained in the event a minor (person under the age of 18) presents for services without a parent or legal guardian for services a minor is not legally permitted to self-consent.

Do not complete this form if the patient is an emancipated minor or if the patient is seeking services for which they *can* legally self-consent. (See the back for details)

**Consent Information**

1. Consent for services obtained by: \_\_\_\_\_ and \_\_\_\_\_  
(Print Name of two (2) Staff members Obtaining Consent)

2. Indicate method of consent: Verbal \_\_\_\_\_ Written \_\_\_\_\_

3. Name of individual granting consent: \_\_\_\_\_

4. Birthdate of individual granting consent: \_\_\_\_\_

5. Relationship of individual granting consent to the patient: \_\_\_\_\_

6. Contact number of individual granting consent: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

7. Consent obtained on: Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_) Time: \_\_\_\_\_

Registration will scan document into Cerner.

Form 03367059

Revised 1/1/2018