Vanderbilt Health
at Metro Nashville Public Schools
Employee & Family Health Care Centers

CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

This is a legal document, to be completed by legal guardian prior to treatment, when minor child is unaccompanied by legal guardian for office visit at MNPS Employee & Family Health Care Centers.

I, _____ do hereby state that I am the parent or legal guardian of:
(guardian name)

_____, a minor, age _____, born _____ / _____ / _____,
(minor name) *(minor dob)*

who resides with me at _____ in _____,
(street address) *(city)*

_____.
(state)

Please complete the following section if minor **WILL BE** accompanied by an adult.

I authorize _____, an adult, _____,
(adult name) *(relation to minor)*

who resides at _____ in _____,
(street address) *(city)*

_____, to act on my behalf in authorizing medical care for the above-named minor, at
(state)

office visit with MNPS Employee & Family Health Care Centers on _____ / _____ / _____.
(date of visit)

Please complete the following section if minor **WILL NOT BE** accompanied by an adult.

I authorize the above-named minor to seek medical care, at office visit with MNPS Employee & Family Health Care

Centers on _____ / _____ / _____.
(date of visit)

_____, _____, _____ / _____ / _____
(guardian signature) *(guardian name)* *(date signed)*

Consent valid through _____ / _____ / _____. **Expiration date cannot exceed 12 months**.
(date of expiration)

Best phone number(s) to reach you _____

Additional information needed

Reason for visit _____

Known allergies _____

Chronic conditions _____

Medications _____

Primary Care Provider _____