



PERMISSION TO ACCOMPANY A MINOR

I, _____ being the parent/legal guardian of _____
(Name of minor child)
born _____, hereby authorize _____ to accompany
(Date of birth) (Name of adult to be accompanying child)
and authorize treatment for my child. This includes bringing the child into the office of One to One Health, providing a history of present illness, disclosing protected health information, accompanying consented research study procedures, and witnessing any physical exam completed by the provider.

This adult has the responsibility to relay any diagnosis, treatment plan or prescription(s) to the parent or legal guardian mentioned above. I agree to be available by phone and to be financially responsible for all copays and coinsurance.

This consent will remain in effect until terminated by me in writing, or the minor reaches legal age.

Emergency Contact Information for Parents/Guardians:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Comments: _____

Parent or Legal Guardian's Signature

Date