



**CONSENT TO TREAT MINOR WITHOUT PARENT/LEGAL GUARDIAN PRESENT**

To allow for treatment of a patient who is considered a minor, it is necessary for a parent or legal guardian to give consent for treatment. If a minor child presents for an appointment without a parent or legal guardian or a signed consent, treatment may be denied.

Patient's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

I consent for my minor child to have routine medical care. Being the parent, guardian or other person entitled to legal custody, I authorize Golden Heart Medical LLC to provide treatment and will be responsible for any bill incurred on the above child for medical treatment rendered.

This authorization will remain in effect until the termination in writing, by the parent, guardian, or other person entitled to legal custody of this minor.

Relationship to Patient \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian