CONSENT TO TREATMENT OF A MINOR

MINORS AGE 15 AND UNDER:

Written consent from parent or legal guardian;
An adult, 18 years or older, must accompany the patient during the visit.

A Consent Form must be signed for each visit.

I, _____, authorize Keller Family Medical Center and/or Burleson Health and Wellness
(Parent/Legal Guardian Name)

to treat _____, my minor child on _____.
(Patient Name) (Date)

Symptoms patient is experiencing:

If an injection is required to treat symptoms, do we have your permission to administer? Yes No

Phone number provider can contact you at if necessary_____

Signed_____Date_____

MINORS AGE 16 AND 17:

Written consent from the parent or legal guardian

I, _____, authorize Keller Family Medical Center and/or Burleson Health and Wellness
(Parent/Legal Guardian Name)

to treat _____, my minor child on _____.
(Patient Name) (Date)

If an injection to treat symptoms is required, do we have your permission to administer? Yes No

Phone number provider can contact you at if necessary_____

Signed_____Date_____

All minors must be accompanied by their parent or legal guardian for immunizations, invasive procedures or lab draws.

Update MAY 2023