



UNACCOMPANIED MINOR CONSENT TO TREATMENT

Community Physicians

The consent of a minor's parent or legal guardian must be obtained prior to providing care and treatment. When a minor is unaccompanied by his/her parent or guardian, this completed and signed consent form will serve as preauthorization for routine care and treatment.

Name of Minor Patient (Please Print) MRN ____/____/____ (____)____-____
Date of Birth Phone Number of Parent

Address _____
City State Zip Code

Parental/Guardian Authorization – My signature below authorizes the providers of F&MCW-CP to provide routine treatment to the above named minor patient. **Providers may require a parent/legal guardian to accompany his/her minor to any appointment, regardless of this consent form.**

- I consent to the medical treatment of this minor for routine care, if unaccompanied by parent or guardian. This does not include authorization for procedures that require written consent by parent or legal guardian. This consent is valid for a period of one year from the date of signature.
- I do not consent to the above.

I understand and agree that I am financially responsible for all health care provider services rendered.

I understand it is my responsibility to inform Froedtert & the Medical College of Wisconsin Community Physicians in writing of any changes to this authorization. If I choose to withdraw this authorization or need to make changes, I must contact the Health Information Department, located at: **10 Lone Oak Lane, Hartford, WI 53027 (262) 836-6372**

Signature of Parent or Legal Guardian

Signature and Title of Witness (F&MCW-CP Staff)

Printed Name of Parent or Legal Guardian

Printed Name of Witness

Date

Date

NOTE: This authorization must be notarized if not signed and witnessed by Froedtert & the Medical College of Wisconsin Community Physicians staff.

Notary Public

STATE OF _____, COUNTY OF _____

BEFORE ME, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared _____ and _____, known to me and known to be the persons described in and who executed the foregoing Authorization, and they acknowledged before me that they executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS our hands and official seals at _____, in the County and State aforesaid this _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission expires: _____