



SOUTHERN ORANGE COUNTY PEDIATRIC ASSOCIATES

"Great Care for Great Kids!"

CONSENT TO TREAT A MINOR

This authorization is made under California Family Code 6910

MRN _____

Instructions: Complete and sign the affidavit to authorize medical care including immunizations, physical exams, testing and/or treatment for the purpose of medical diagnoses and medical care, which is deemed advisable and is to be rendered by the providers and staff of Southern Orange County Pediatric Associates.

I (we), _____ the undersigned
parent(s) / guardian(s)

of: _____,
(name(s) of patient)

do hereby give permission to the **qualified individual**, _____,
to seek and authorize medical treatment for my child(ren) listed above. This authorization is effective
as of _____ and expires as of _____.

- Check Here** if the patient is authorized to bring himself/herself in for care or treatment. It is suggested that children under the age of 18 be accompanied by a parent or legal guardian. In the event that the parent or legal guardian cannot be present, they must be available by phone at the time of service.

I can be reached at the following phone number: _____

Any known allergies: _____

Current Medication: _____

Insurance Carrier: _____ Policy #: _____

Parent/Legal Guardian's Signature

Date

Qualified Individual's Name (Print)

Qualified Individual's Signature

Qualified Individual's Driver's License/ID #

Employee's Initials

All signing parties must declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NOTE: Minors 12 years and older, may consent to medical diagnosis, or treatment of the following: infectious or communicable diseases which must be reported to the local health officer; STD's, rape or HIV testing, mental health therapy or drug or alcohol related problems. Minors of any age may consent to medical diagnosis and or treatment of the following: contraception, pregnancy, and diagnosis or treatment of sexual assault.