



4150 SE Adams Rd. · Bartlesville, OK 74006  
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### Minor Consent

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical and/or surgical treatment proved by Primary Care Associates, PC. Please complete this form if your child will be coming for a visit, treatment, or procedure, without a parent or legal guardian. This consent is valid for the specified time period with a maximum of one year from date signed.

#### Minor Patient

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

#### Time Period

Written consent is valid for the time period of **one year**, at which time a new consent form would be required. This consent may be revoked by me at any time in writing.

#### Authorization for other individual to accompany minor patient under 18 years of age.

\_\_\_\_\_  
Name of person being authorized      Relationship to Patient      Name of person being authorized      Relationship to Patient

\_\_\_\_\_  
Name of person being authorized      Relationship to Patient      Name of person being authorized      Relationship to Patient

I authorize the above-named individual(s) to give consent to medical treatment by Primary Care Associates, PC on behalf of my child listed above. The above-named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date Signed      Phone number (in case of emergency)

#### Authorization for minor patient to be unaccompanied for treatment.

I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date Signed      Phone number (in case of emergency)