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Medical Clinic Consent Form for Minor General Treatment - Parent/Legal Guardian Absent

Patient Information

Patient's Full Name: _____
Date of Birth: _____
Address: _____
Phone Number: _____
Emergency Contact Name: _____
Relationship to Patient: _____
Emergency Contact Phone Number: _____

I, _____, the parent/legal guardian of the above-named minor, do hereby consent to and authorize medical treatment for the patient at Kinex Podiatry, by the healthcare providers associated with this clinic.

I understand that I am unable to be present for the patient's medical treatment at this time, but I will be available by phone during the appointment to provide over-the-phone consent for any treatments that may be necessary for the well-being of the patient.

I authorize the healthcare provider to proceed with any necessary medical or surgical treatment in my absence, provided that I am reachable by phone and can provide consent promptly.

I understand that the treatment may include, but is not limited to, examination, diagnosis, laboratory tests, medical or surgical treatment, and medication administration. I acknowledge that there may be risks and benefits associated with any medical treatment, and I accept responsibility for making decisions regarding the patient's healthcare to the best of my ability.

I acknowledge that it is in the best interest of the patient to have a parent or legal guardian present during medical treatment, but in circumstances where I am unable to accompany the patient, I hereby authorize the healthcare provider to provide treatment in my absence.

I acknowledge that I will be responsible for any charges incurred for medical services provided to the patient at Kinex Podiatry, and I agree to pay all fees associated with such services.

I acknowledge that I have read and understand the contents of this consent form, and I have had the opportunity to ask questions and seek clarification regarding any concerns I may have.

Parent/Legal Guardian Signature: _____ Date: _____

Phone Number During Appointment: _____

(Note: This form should be signed and dated by the parent or legal guardian and kept in the patient's medical records for future reference. If required by state law, a witness may be necessary for the signature.)