



## Consent to Treat a Minor without a Parent or Legal Guardian Present (age 16-18)

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**This consent allows a minor to be seen at Concord Children's Clinic when a legal guardian cannot be present during the visit.** The Parent or Legal guardian must fill out and sign this consent form. If this consent form is not signed, treatment may not be given to the minor.

The provider has the right to cancel or reschedule the appointment until the Parent or Legal guardian is with the minor, if it is in the best interest of the minor patient or is required by law.

- Under **North Carolina law**, a person under the age of 18 is a minor.

The treatment may include, but is not limited to:

- |                       |                             |                     |
|-----------------------|-----------------------------|---------------------|
| • Medical examination | • Medication Administration | • Office Procedures |
| • Vaccines / Shots    | • Laboratory Testing        | • Patient Education |

**For new patients:**

All new patients under 18 years of age must have a Parent or Legal guardian with them for their first visit. If not, they will be asked to reschedule the appointment.

**For established patients 16 years of age and older:**

The patient can be seen for appointments without a Parent or Legal guardian present only if the Parent Legal guardian fills out and signs this consent form. This form authorizes Concord Children's Clinic to give treatment to their teens.

**Both Parent and Patient (16 years+) must sign the section below:**

**Parental Consent**

I, \_\_\_\_\_, being the parent of \_\_\_\_\_, hereby give permission for my teen (who is 16 years or older) to be seen at Concord Children's Clinic when they arrive at the office alone.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Patient Consent**

I have read and fully understand this consent for treatment. By signing below, I consent to medical treatment. This consent will remain valid and enforceable until it is revoked, cancelled or replaced by a new form of consent.

Signature of Minor \_\_\_\_\_ Date \_\_\_\_\_