

**PERMISSION TO TREAT A MINOR
WITHOUT A PARENT/GUARDIAN PRESENT**

We must receive permission from a child's parent or legal guardian before providing treatments for an injury or illness that is non-life threatening. This form gives us legal permission to treat your child in case you cannot accompany him/her to the clinic for treatment. If the party accompanying your child (friend, relative, baby-sitter, etc.) does not present this information the clinic will attempt to contact you to request permission to treat your child.

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____ **TODAY'S DATE:** _____

I grant _____ (an adult into whose care, the minor has been entrusted) to arrange for and authorize routine treatment with Justin Ehrlich, L.Ac.

[] Please initial here if you are authorizing the minor to seek and consent to treatment with no adult present.

We/I acknowledge that we are responsible for all reasonable charges in connection with the care and treatment rendered.

In case of emergency, I can be reached at:

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Signature: _____

Date: _____

Relation to patient (documentation may be requested) : _____