Medical Park Family Care Parental Consent Form

As of today, _____ (date) I, _____,
parent/legal guardian of _____(minor child):

a) Authorize **treatment by any provider** at Medical Park Family Care, Inc (MPFC).

➔ _____(signature of parent/legal guardian)

b) Request that he/she be allowed by be seen by a provider at MPFC if **accompanied by the following adult**:

Name: _____ Date of Birth: _____ Relation to Minor: _____

➔ _____ (signature of parent/legal guardian)

c) Request that my child who is **17 years or older** be seen by a provider at MPFC for treatment without a parent/legal guardian present.

➔ _____(signature of parent/ legal guardian)

d) Agree to be fully and completely financially responsible for all incurred charges. I understand that the provider has the option to refuse service if he/she feels it is in the minor's best interest that I be present. I further agree to be available by phone if needed during the appointment time.

☎ Contact phone number: _____

This authorization is in effect until the minor named above becomes an adult or I notify MPFC in writing of a change.

➔ _____ (signature of parent/legal guardian)

_____ (date of birth parent/legal guardian)