

**York ENT Associates
924 Colonial Ave Bldg E
York, PA 17403
717-843-9089**

Consent to Treat Minor Without Parent /Legal Guardian Present

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor's Name: _____ DOB: _____

Allergies: _____

Current Medications: _____

Chronic Conditions: _____

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child.

Name: _____

Relationship to Patient _____

Name: _____

Relationship to Patient: _____

I (parent/legal guardian name) _____ request York ENT Associates and its personnel to deliver routine medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am also aware that the adult presenting the child is responsible for the payment of copays if required by the insurance company at the time of service.

Parent/legal guardian signature: _____

Printed name: _____

Date: _____