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CONSENT FOR MEDICAL TREATMENT OF A MINOR

If the legal guardian is present:

I, _____, am the legal guardian of the patient, _____.

I authorize The Urgent Care to treat the patient.

Legal Guardian Signature: _____ Date: ____ / ____ / ____

If the legal guardian is NOT present:

The legal guardian _____ of the patient _____

verbally authorizes The Urgent Care to treat the patient

via telephone number (____) ____ - _____.

The Urgent Care employee _____ has witnessed and documented this consent.

Employee Signature: _____ Date: ____ / ____ / ____