



UNACCOMPANIED MINOR CONSENT

PATIENT/CHILD NAME

DATE OF BIRTH

◆ UNACCOMPANIED CHILD CONSENT ◆

Minors who are old enough to drive at the legal age without their parent or legal guardian present for medical service are considered *unaccompanied minors*. If your child does, or will in the near future be coming to the office by his/her/their self for a visit and under the age of 18, please sign the below consent.

Failure to have this Unaccompanied Minor consent document on file, except in emergency situations, may delay treatment while our office attempts to obtain your consent.

I, the undersigned, as the parent or legal guardian of the above referenced patient/child hereby authorize such diagnostic, medical, and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and Kids First Pediatric Group, LLC, and its employees shall not be responsible in any way for the consequences from said diagnostics, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery in so far as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

This consent expires in **one (1) year** for the undersigned date unless revoked in writing. As parent/legal guardian, I give consent for my child to be treated if I have not accompanied him/her/they. I will be financially responsible for any and all charges not covered by insurance.

 Signature of Parent or Legal Gaurdian

 Date

 Print Name

 Relationship to Patient

Please note: Teen drivers receiving certain vaccinations will be asked to stay in our waiting room 15 minutes POST injection for their safety. Please allow for this time in your child's schedule. We are concerned for their safety if they are driving themselves.