

Twin Cities Occupational Health PC

Service Date:

2520 Pilot Knob Rd MENDOTA HEIGHTS, MN
Phone: (651) 224-8264 Fax: (651) 224-8265

Patient Consent: Medical Care of a Minor

The undersigned hereby consents on behalf of the below named minor, who is less than eighteen (18) years of age, to the medical diagnosis and treatment to be performed by the Twin Cities Occupational Health PC' Physician, Physician Assistant and/or Nurse Practitioner and/or by any person(s), or ancillary staff he/she may designate.

1) Name of Minor: _____ Address: _____
SSN: _____
Date of Birth: _____

2) Relationship of minor to the undersigned (check one):

- Parent (other than possessory conservator).
- Guardian of the person.
- Educational institutional in which the minor is enrolled that has received written authorization to consent from a person authorized by law to consent to medical care for the minor.
- A person eighteen (18) years old or older who has care and control of the minor and has written authorization to consent to medical care for the minor from a person authorized by law to give such consent.
- Judge of the Court having jurisdiction of the child.

3) I give Consent for drug and/or alcohol testing if this is required by the employer's policies.

4) I certify that I have read and fully understand the foregoing consent, that the explanations therein referred to were made and all blanks or statements requiring insertion or completion were filled in before I signed.

5) Permission is hereby granted to Twin Cities Occupational Health PC to perform those medical and surgical processes on the above named minor as may be deemed necessary by the physician and other non-physician assistants. In addition, I authorize Twin Cities Occupational Health PC to release any information acquired in the course of such examination or treatment to the minor's employer or its representative. I agree that I am financially responsible to Twin Cities Occupational Health PC for charges not covered by the employer's authorization.

SIGNED this _____ day of _____, year _____

Signature: _____

Employee: _____