

## **Consent to Treat a Minor without a Parent or Legal Guardian Present**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

This consent allows a minor to be seen in a Levine Children’s Clinic when a Parent or Legal guardian can not go with them to a visit. The Parent or Legal guardian must fill out and sign this consent form. If this consent form is not initialed and signed, treatment may not be given to the minor.

The provider has the right to cancel or reschedule the appointment until the Parent or Legal guardian is with the minor, if it is in the best interest of the minor patient or is required by law.

In most cases, informed consent must be given from the minor’s parent or legal guardian.

- Under **North Carolina** law, a person under the age of 18 is a minor. There are limited circumstances in which a minor can consent to his or her treatment.
- Under **South Carolina** law, any minor who has reached the age of 16 years may consent to any non-surgical treatment.
- A separate and valid (legal) permission form is needed to get medical records which belong to a minor. It is called an Authorization for Release of Health Information form and can be provided by the practice. This form is required by law and must be completed to get copies of the medical record.

### **For new patients:**

All patients under 18 years of age **must** have a Parent or Legal guardian with them for their first visit.

If not, they will be asked to reschedule the appointment.

### **Please initial below. This is a required permission.**

\_\_\_\_\_ I give Levine Children’s Clinics permission to treat my child.

This treatment may include, but is not limited to:

- Medical examination
- Vaccines/Shots
- Medication administration
- Radiological examinations (example: X-ray)
- Laboratory testing (examples: Blood work, Strep, Flu, etc.)
- Office Procedures
- Patient Education

**Please use the back side of this document to sign the consent.**

## Consent to Treat a Minor without a Parent or Legal Guardian Present

The two sections below are optional and not required. Please initial below if appropriate.

\_\_\_\_\_ I hereby give Levine Children’s Clinics permission for the authorized named person (listed below) to go with my child to the visit. This authorized person must be 16 years of age or older.

Name of Authorized Person \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Name of Authorized Person \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Name of Authorized Person \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

### For established patients 16 years of age and older:

They can be seen for follow up appointments without a Parent or Legal guardian only if the Parent or Legal guardian fills out and signs this consent form. This form authorizes Levine Children’s Clinics to give treatment to their teen. The provider still has the right to reschedule the appointment if they believe the parent or legal guardian should be at the visit.

\_\_\_\_\_ I hereby give permission for my teen (who is 16 years or older) to be seen at a Levine Children’s Clinic when they arrive at the office alone.

### Consent

I have read and fully understand this consent for treatment. By signing below, I consent to medical treatment. This consent will remain valid and enforceable (do what it allows) until it is revoked (canceled) or replaced by a new form of consent.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date