

Permission To Treat Minor Child in Parent/Guardian's Absence

I, _____ am the legal guardian of _____, a minor child,
whose date of birth is _____. I hereby give (check one of the following):

Check ONE

- € Permission to treat my child, (who is at least 14 years of age) ***on the Mobile Medical Clinic***, undergo minor procedures, veni-punctures, receive immunizations, injection and/or dental procedures (such as fillings, extractions, crowns, cleaning) in my absence. In addition, I give permission for my child to be excused from school in order to attend his/her appointment. I understand that I will receive communication about my child's treatment plan or recommendations via a written patient plan to be sent home with him/her.
- € Permission to: _____ (named person) to accompany the above named child and allow this child to be treated, undergo minor procedures, veni-punctures, receive immunizations, injections, and/or dental procedure (such as: fillings, extractions, crowns, cleaning) in my absence, **until I revoke permission.**
- € Permission to: _____ (name person) to accompany the above named child and allow this child to be treated, undergo minor procedures, veni-punctures, receive immunizations, injections, and/or dental procedure (such as: fillings, extractions, crowns, cleaning) in my absence, **for the following day only.**

Check ONE

- € This authorization is effective commencing on the _____ day of _____, 20____ and expiring on the _____ day of _____, 20_____.

OR

- € This authorization shall remain in effect unless rescinded in writing.

Print Parent or Legal Guardian name: _____

Signed: _____

Date: _____

Two witnesses OR Notary Public

Witnessed by: _____

Date: _____

Witnessed by: _____

Date: _____

Notary

State of Arizona

County of _____

Subscribed and sworn (or affirmed) before me this _____ day of _____ 20_____.

Notary Public

My commission Expires: