

CONSENT TO TREAT A MINOR (if applicable)

Father's Name:		DOB/_	/	
Address:	City:	State:	Zip:	
Phone: (OK to cal	1 Y/N)			
Mother's Name:		DOB/_	/	
Address:	City:	State:	Zip:	
Phone:(OK to cal	1 Y/N)			
Guardian's Name:		DOB/	/	
Address:	City:	State:	Zip:	
Phone: (OK to cal	1 Y/N)			
Emergency Contacts:				
Name:	Relationship:		Phone:	
Name:	Relationship:			
Name:	Relationship:			
Please circle all that apply to minor and fa	amily:			
Divorce, Legal Separation, Custody/Gu	ıardianship Restraining	g Orders, Current Litigation	on Issues, Probation	
Any issues concerning Divorce, Custody, Guardia first visit to verify any legal issues and/or custod				
I, (print name)	, am the mother/father/legal guardian (circle one) of			
Medcare (initial here)	and I authorize	Urgent Medcare to provide me	dical treatment with Urgent	
	outhorize the	Emanganay Cantaata ta aasamn	onreme shild and I	
I, (print name)authorize Urgent Medcare to provide medical tr may incur during the treatment with Urgent Me	reatment to said minor. I also			
Signature:		Date:		