



Horizon Health

Consent Form

(I) (We), the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize and consent to all services and procedures, including x-ray and laboratory examinations and the administrations of medications which are deemed advisable by and rendered under the general or special supervision of any Horizon Health provider in order to treat the following conditions (check each category for which consent is given):

- Allergy Injections
- Broken bones, sprained muscles and similar injuries
- Cuts, bruises, burns
- Foreign objects in the eyes, ears and other body parts
- Fevers and infections
- Physicals including immunizations
- Poisoning
- Any and all conditions for which medical and/or surgical treatment is deemed necessary by the provider(s).

It is understood that this authorization is given in advance of any specific diagnosis treatment or care being required, but is given to provide authority and power to render care which a provider, in the exercise of his/her best judgement, may deem advisable.

This authorization shall remain in effect until _____ 20 _____, unless revoked sooner in writing.

Mother's signature _____ Witness _____ Date _____

Father's signature _____ Witness _____ Date _____

Legal Gaurdian's _____ Witness _____ Date _____

Child's Name _____ Phone _____

Address _____ State _____ Zip _____

Birthdate _____ Sex _____ Last Tetanus/Toxoid Booster _____

Allergies to Drugs or Food _____

Any special medications or pertinent medical history _____

Insurance Company _____ Policy No: _____

Name of Insured _____ Other Insurance _____

Telephones where parents or gaurdians may be reached:

Mother's Name _____ Business _____ Home _____

Father's Name _____ Business _____ Home _____

Guardian's Name _____ Business _____ Home _____

Other emergency numbers where you may be reached _____

Please list any additional medical and personal information we should be aware of: _____

Please mark one of the following:

- Patient may come to doctor visits unaccompanied
- Patient is to be accompanied by:
 - (name) _____
 - (name) _____