



Horizon Health

Consent for Treatment of a Minor

(I) (We), the undersigned parent(s) or legal guardian(s) of _____, date of birth ___/___/___ 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 Paris Clinic 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.
 Phone _____ Address _____ State _____ Zip _____
 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:
 - o (name) _____
 - o (name) _____

Mother's signature _____ Witness _____ Date _____
 Father's signature _____ Witness _____ Date _____
 Legal Gaurdian's signature _____ Witness _____ Date _____