



Consent for Medical Treatment of a Minor Child

When you are away from your child, the person entrusted with your child's care may be faced with an illness or injury to your child that cannot be treated promptly until your consent has been obtained. If you would like to give permission to your child's caretaker, or someone other than yourself to seek medical care in your absence, please complete the following form:

I _____ give permission to _____

- To seek medical attention for _____ D.O.B. _____
- To seek medical attention for _____ D.O.B. _____
- To seek medical attention for _____ D.O.B. _____
- To seek medical attention for _____ D.O.B. _____
- To seek medical attention for _____ D.O.B. _____

At UAB Pediatrics Primary Care Clinic located in Children's Hospital. This permission will be valid for:

- 1) The duration of enrollment at UAB Pediatrics Primary Care Clinic
- 2) From _____ to _____

Signature of Parent or Guardian _____ Date _____

Signature of Witness _____ Date _____

Signature of Witness _____ Date _____