

Authorization For Minor Consent Form

Name of the Minor

Date of Birth

- Decline.
- By checking this box, I give consent for the minor named above to be seen for medical treatment without parent present.

I give consent for the following individuals to bring in the minor named above for medical treatment and/or receive and discuss medical information with Northfield Hospital + Clinics:

1. _____

2. _____

3. _____

Vaccines:

- I give consent for the minor named above to receive age-appropriate vaccinations recommended by the medical provider during a visit.
- I do not give consent for the administration of vaccines recommended by the provider unless a parent/guardian or person named above is present and approves the vaccine.

This Authorization for Minor Consent Form will remain in effect unless Northfield Hospital + Clinics is notified in writing by a parent or legal guardian that this authorization is revoked.

Signature of Parent or Legal Guardian

Date