

## Minor Consent Form

Treatment of children less than 18yrs. of age is difficult without written consent of the parent or legal guardian except where delay would jeopardize life or limb. A Minor Consent Form is a great help. This authorization will be in effect until revoked in writing by me.

Name of Child: \_\_\_\_\_ BD: \_\_\_\_\_

Please **initial** all that apply:

\_\_\_\_\_ I hereby give my permission for my family member or friend to consent for my  
**Initial** minor child to be treated by C & C Medical Associates, PLLC. (Pediatric & Adolescent Medicine)

\_\_\_\_\_ I hereby give my permission for my family member or friend to sign for any  
**Initial** immunizations that may be needed.

\_\_\_\_\_ I hereby give permission for my teenage child to seek medical care and sign for  
**Initial** his or her own immunizations.

Family member or friend who has permission to seek medical care for my child.

Name \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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