

Eastern Plains Medical Clinic of Calhan

560 Crystola Street * P.O. Box 275

Calhan, CO 80808

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Consent Form for Treatment of a Minor

Consent for Treatment of a Minor: Treatment of minors requires a team effort by the medical care provider(s) and the minor’s parent of guardian. The parent or guardian’s responsibility includes supporting the medical directives given by the medical provider. The medical provider’s role includes ensuring that the parent or guardian is aware of and concurs with the treatment their child and charges their child receives.

Treating minors in the clinic: It is the policy of Eastern Plains Medical Clinic of Calhan that all minors seeking treatment be accompanied by a parent/legal guardian for the first visit. After the initial appointment, a minor maybe seen at the clinic for treatment without the parent/legal guardian present if this consent form is filled out and maintained in the minor’s medical record.

Consent for Medical and Surgical Treatments: This form authorizes Eastern Plains Medical Clinic of Calhan to evaluate and treat your child. This permission includes treatment, minor surgical procedures, injections, immunizations and the writing of all prescriptions.

I authorize and give consent to the Eastern Plains Medical Clinic of Calhan for medical evaluation and treatment of my child if a parent/legal guardian is not present. This authorization must be completed annually until the minor is 18 years of age.

Name of Patient: _____

Birth Date of Patient: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relationship to Patient: _____ Date: _____

Phone Numbers of Parent/Guardian: _____

Name of Adult(s) responsible for children:

