



Permission to Treat a Minor Without a Parent/Guardian Present

Patient's Name: _____

Patient's Date of Birth: _____

Today's Date: _____

I grant _____ (an adult into whose care, the minor has been entrusted) to arrange for and authorize routine and emergency treatment at HGH Wewoka Health Clinic Allen Health Clinic on _____ (date).

Please send the insurance card and co-pay (if applicable) to the appointment.

Name of Health Insurance Carrier:	
Group Number:	
Subscriber ID:	

In case of emergency, I can be reached at:

Home Phone Number:	
Work Phone Number:	
Other Contact Phone Number:	

Signature: _____

Date: _____

Relation to patient (documentation may be requested): _____