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CONSENT AND AUTHORIZATION FOR MINORS

By law, a health care provider must attempt to contact a birth/custodial parent or legal guardian prior to rendering treatment of a minor child (a person under the age of 18), except in those instance where the law recognizes the minor as having the capacity to consent to a specific medical procedure/treatment. It is the policy of the **Oviedo Children's Health Center** to have a signed consent form by the birth parent/custodial parent or legal guardian of a minor in order for the minor to be seen by our physicians or nurses for medical treatment. If a minor child is brought to our clinic OCHC by someone other than the birth/custodial parent or legal guardian, the minor child must be accompanied by a note (authorization). Telephone consent may be obtained from the birth parent/custodial parent/legal guardian if not accompanying the minor for care and treatment at the OCHC clinic. Telephone consent is good for single visit only and must be witnessed by two individuals.

Authorization must include the date when it was written, name of the patient, name of the person bringing the child, what the child is being seen for, the birth parent/custodial parent or legal guardians signature, copy of the birth parent/custodial parent or legal guardians photo I.D., and a telephone number where the birth parent/custodial parent or legal guardian can be reached.

I, _____
Print name your name and relationship to the patient

Give consent for the individual identified below to bring the minor child identified below to **the Oviedo Children's Health Center** for medical treatment. I hereby authorize the **Oviedo Children's Health Center**, their respective Physicians and other personnel, to render medical care to my minor child in accordance with the Authorization without obtaining additional consent from me.

PRINT FULL NAME OF MINOR CHILD

DATE OF BIRTH

Below please add anyone that is NOT the parent that you give consent to bring Patient

PRINT NAME OF PERSON BRINGING MINOR CHILD FOR APPOINTMENT

RELATIONSHIP TO MINOR

PRINT NAME OF PERSON BRINGING MINOR CHILD FOR APPOINTMENT

RELATIONSHIP TO MINOR

PRINT NAME OF PERSON BRINGING MINOR CHILD FOR APPOINTMENT

RELATIONSHIP TO MINOR

WILL BE REQUIRED TO PRESENT PHOTO I.D. AT TIME OF APPOINTMENT

Purpose of Visit (sick/well/etc): _____

Phone number where birth parent/custodial parent/legal guardian can be reached: _____

This consent is for (choose one):

- Single time Date: _____
- Specific period of time, from _____ to _____
- Indefinite period, from _____ until revoked by me

Signature of parent/custodial parent/legal guardian: _____ Date: _____

ATTACH COPY OF PHOTO I.D.

Print Witness Name: _____ Date: _____

Signature of Witness: _____ Date: _____