Ahsan Naseem, MD Serena Macauley, APRN-BC

Marcia Carlson, APRN-BC Sabrina Hellbusch, APRN-BC

Amanda Lingg, LIMHP, LADC Brienne Meaghers-Hays, LIMHP

Heather Dohrman, LIMHP Judy Gonnerman, MA, LPN, LIMHP & LPC

Katie Hunsberger, PhD Tiffany Kavanaugh, LCSW, LIMHP

Jill Wertz, MA, LIMHP, LADC Lisa Laurell, LICSW, LIMHP

Patty Sandoval, LICSW Amy Barker, MD

Ali Zavala-Beekman, LIMHP Kylee Stuart, LCSW, LIMHP

**Consent for Treatment of a Minor Child in the Absence of a Parent or Guardian**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby state that I am the parent or legal

 (Name of Parent/Guardian)

guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor.

 (Name of Minor)

In my absence, I authorize to receive treatment from his/her provider unaccompanied by myself starting

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and expiring on the nineteenth birthday of

 (Today’s Date)

the minor mentioned above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date