MHC Healthcare
Quality healthcare with a heart.

____ ______________
Patients Name Patients DOB

Minor Child Release and Consent to Treat Form

The Confidentiality of our patient's medical and dental information is very important to us. We understand there may be circumstances in which another individual may need to care for you child. The Arizona law requires consent of parent / legal guardian for medical care of minors. In order to provide medical care, we must require you to provide the following information.

Please list the names of authorized individuals who have your permission to be involved in your child's medical care. This permission will include appointments, medical decision- making, authorizing treatment, and authorization to release test results. Please appoint three authorizing adults to bring in child to MHC.

I, ____ (Print name here), am the parent/legal guardian of

________________________(Print name here), currently a minor, whose date of birth is ___/___/___.

I authorize,
1. ________________________ who is my child's, ______________ (Relationship to Patient)

and their Phone Number is: _______________________.

2. ________________________ who is my child's, ______________ (Relationship to Patient)

and their Phone Number is: _______________________.

3. ________________________ who is my child's, ______________ (Relationship to Patient)

and their Phone Number is: _______________________.

I do hereby consent to any medical care for the welfare of my child while child is under the care of the above listed person(s).

________ I DO hereby consent for my child who is over the age of sixteen (16) to attend medical
Initial appointments without an authorized escort.

________ I DO NOT authorize anyone other than myself, as legal guardian of the above listed patient, to
Initial escort and/or authorize medical care.

Note: Photo identification will be required prior to registration of patient with authorized personnel.

______________________________ ______________________________
(Print) Name of Parent/ Legal Guardian Signature of Parent/Legal Guardian

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Date