



Today's Date
Sep 18, 2018

Patient Name:		Date of office visit:	
DOB:	Age:	Sex:	Occupation:
Address:		Home phone:	
City:		Cell phone:	
State:	Zip Code:	Primary Care Physician:	
E-mail:		MRN:	

ACCOMPANIMENT

I, the Legal Guardian of the minor child(ren) _____ give my
(Print minor child(ren)' name)

consent for _____ to be accompanied by the individuals listed
(Print minor child(ren)' name)

below to office visits and treatment that requires only general consent. I have already signed the general consent form.

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

NO ACCOMPANIMENT

Please complete this section ONLY if you consent for your minor child to transport himself/herself to office visits and treatment that requires only general consent.

My minor child(ren) _____ has my permission to transport
(Print name of minor child(ren))

himself/herself to receive general treatment that does not require general consent which I
 _____ as guardian, have already given.
(Print name of legal guardian)

SIGNATURE

You can contact me by phone:

Home: _____ Cell: _____ Work: _____

I understand that this consent is in place until revoked by me and/or the expiration of one year.

Legal Guardian Signature _____ Relationship of legal guardian to child(ren) _____ Date _____