



Hayden Lake **FAMILY PHYSICIANS**

8181 Cornerstone Dr. • Hayden Lake, ID 83835 • Telephone (208) 772-0785

Consent to Treat a Minor without Parent/Guardian

I, _____, the parent or legal guardian of my

Child, _____, date of birth _____,

Authorize and consent Hayden Lake Family Physicians to provide routine and emergency medical treatment for my child when deemed necessary by qualified medical personnel. This authorization is given in advance of any specific treatment being required, and I waive my right of prior informed consent to such treatment. This authorization is in effect until revoked in writing by me.

I am aware that I am responsible for all charges incurred at Hayden Lake Family Physicians by my minor child.

Signature of Parent/Guardian: _____ Date: _____

Phone Number: _____