MINNESOTA GASTROENTEROLOGY, P.A.

Authorization for Evaluation and/or Treatment of a Minor Patient Unaccompanied by Parent or Legal Guardian.

Patients under the age of 18 must be accompanied by his/her parent or legal guardian to provide consent for all medical and/or surgical treatment provided by Minnesota Gastroenterology, P.A. The completion of this form is required if your child is presenting at Minnesota Gastroenterology for a visit, treatment, or procedure, without a parent or legal guardian. **This consent is valid for a maximum of one year from the date signed unless a shorter time period is specified below.**

This written consent is valid for the following period of time: _____ to _____.

Minor Patient Information:

Name_____ Date of Birth _____

Address_____

Emergency phone number for parent or legal guardian: _____

Patient under 18 years of age accompanied by another individual:

I authorize the following person to give consent to medical treatment by Minnesota Gastroenterology, P.A., on behalf of my minor child as noted above. The above named individual may also receive test results and additional information pertinent to the care and treatment of my minor child. I understand that I am still financially responsible for all medical expenses incurred during these appointments.

_____ _____

(Name of person) being authorized Relationship to Patient

_____ _____

Parent/Legal Guardian Signature Date Signed

Minor patient authorization that is unaccompanied for treatment:

I authorize and give consent for my minor child, listed above, to present independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by child during these appointments.

_____ _____

Parent/Legal Guardian Signature Date Signed