



# Vanderbilt Health

at Metro Nashville Public Schools  
Employee & Family Health Care Centers

## CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

This is a legal document, to be completed by legal guardian prior to treatment, when minor child is unaccompanied by legal guardian for office visit at MNPS Employee & Family Health Care Centers.

I, \_\_\_\_\_ do hereby state that I am the parent or legal guardian of:  
*(guardian name)*  
\_\_\_\_\_, a minor, age \_\_\_\_\_, born \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_,  
*(minor name)* *(minor dob)*  
who resides with me at \_\_\_\_\_ in \_\_\_\_\_,  
*(street address)* *(city)*  
\_\_\_\_\_.  
*(state)*

Please complete the following section if minor **WILL BE** accompanied by an adult.

I authorize \_\_\_\_\_, an adult, \_\_\_\_\_,  
*(adult name)* *(relation to minor)*  
who resides at \_\_\_\_\_ in \_\_\_\_\_,  
*(street address)* *(city)*  
\_\_\_\_\_, to act on my behalf in authorizing medical care for the above-named minor, at  
*(state)*  
office visit with MNPS Employee & Family Health Care Centers on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
*(date of visit)*

Please complete the following section if minor **WILL NOT BE** accompanied by an adult.

I authorize the above-named minor to seek medical care, at office visit with MNPS Employee & Family Health Care  
Centers on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
*(date of visit)*  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(guardian signature)* *(guardian name)* *(date signed)*

Best phone number(s) to reach you \_\_\_\_\_

### Additional information needed

Reason for visit \_\_\_\_\_  
Known allergies \_\_\_\_\_  
Chronic conditions \_\_\_\_\_  
Medications \_\_\_\_\_  
Primary Care Provider \_\_\_\_\_