



Partial Parental Delegation of Authority for Medical and Dental Treatment

In order to provide safe and effective treatment to patients under the age of 18 a parent or legal guardian must accompany underage patients to their appointments. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

You may appoint anyone who is over the age of 18 years of age to be responsible for your child when you are unable to accompany them to their medical appointment.

Consent to treat a minor will be appointed for one year unless otherwise stated

Minor's Full Name (Printed) _____

Date of Minor's Birth _____

I hereby authorize:

Name & Relationship (Print) _____

Name & Relationship (Print) _____

To bring this named minor in for examination and treatment at Valley Wide Health Systems, Inc.

To administer Medications if medically necessary

To administer Vaccinations

I reserve the right to revoke this authorization at any time by writing otherwise the consent is valid for one year.

Parent or Legal Guardian Name (Printed) _____

Parent of Legal Guardian Name Signature _____

Date _____