



CONSENT FOR TREATMENT OF A FINANCIALLY INDEPENDENT MINOR

Patient Name: _____

DOB: _____

I am an emancipated minor and can consent for my own treatment or the treatment of my child because I meet one or more of the following criteria:

- I am under 18 and married and do not live with my parent(s) or guardian(s)
- I am under 18 and currently serve in the military
- I am emancipated by order of the court
- I am 15 years old and live separate and apart from my parents, and I am responsible for my own financial affairs.
- I am currently incarcerated

Signature of Patient

Date