

SPRINGHILL MEDICAL GROUP  
Phone (925) 432-3318 Fax (925) 432-0886

**PERMISSION TO TREAT A MINOR  
WITHOUT A PARENT/GUARDIAN PRESENT**

Springhill Medical Group must receive permission from a child's parent or legal guardian before providing treatments for an injury or illness that is not life threatening. This form gives us legal permission to treat your child in case you cannot accompany him/her to our office for treatment. If the party accompanying your child (baby-sitter, friend, relative etc.) does not present this information to our office we will attempt to contact you by phone to request permission to treat your child, if the patient is already established with our practice.

**NOTE:**

- A parent/legal guardian must attend a minor's first visit to our office.
- Minors may not receive immunizations without a parent or legal guardian present.
- A new "Permission to Treat a Minor" is required for each visit that a minor will be seen without his/her parent/legal guardian.

**Child's Full Name** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_ Today's date : \_\_\_\_\_

I grant \_\_\_\_\_ (an adult into whose care, the minor has been entrusted) to arrange for and authorize routine and emergency treatment at the office (s) of Springhill Medical Group on \_\_\_\_\_ (date of visit).

In case of emergency I can be reached at : \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Parent/guardian Telephone # : \_\_\_\_\_

I give permission to bill my child's insurance plan for services and accept financial responsibility for services not covered by insurance.

Signature of parent/guardian(s)  
\_\_\_\_\_

Date signed  
\_\_\_\_\_