Concentra™

Patient Consent: Medical Care of a Minor

The undersigned hereby consents, on behalf of the below named minor, who is less than 18 years of age and who is not emancipated, to the medical diagnosis and treatment to be performed by the Concentra Medical Centers Physicians, Physician Assistants and/or Nurse Practitioners and/or by any person(s), or ancillary staff he/she may designate.

1) Name of Minor: _____
   SSN: _____
   Date of Birth: _____

2) Relationship of minor to the undersigned (check one):
   - ☐ Parent (other than possessory conservator)
   - ☐ Guardian of the person
   - ☐ Educational institution in which the minor is enrolled that has received written authorization to consent from a person authorized by law to consent to medical car for the minor
   - ☐ A person eighteen (18) years old or older who has care and control of the minor and has written authorization consent to medical care for the minor from a person authorized by law to give such consent
   - ☐ Judge of the Court having jurisdiction of the child

3) I certify that I have read and fully understand the foregoing consent, that the explanations therein referred to were made and all blanks or statements requiring insertion or completion were filled in before I signed.

4) Permission is hereby granted to Concentra Medical Centers to perform those medical and surgical processes on the above named minor as may be deemed necessary by the clinician. I agree that I am financially responsible to Concentra Medical Centers for charges not covered by employer's authorization.

WITNESS: _____

Printed Name: _____ Date: _____

Signature: _____ Date: _____