



CONSENT FOR EXAMINATION, TREATMENT OF A MINOR

Name of Patient: _____

Date of birth: _____

In the event my child requests or requires medical services which necessitates my consent, I authorize the staff of Onsite Employee Health and Wellness clinic to provide medical care to my son/daughter including, but not limited to, diagnostic and medical screening examinations, laboratory testing, tuberculosis screening, verification and administration of immunizations, and any necessary medical treatment. I also understand that if the injury/illness is determined to be life threatening, an ambulance will be called to take my child to the hospital and that the provider will make a reasonable effort to contact me, or other emergency contact provided.

Tennessee law does not require parental consent for certain health issues such as venereal (STD/STI) testing, contraception, prenatal care, or drug abuse. In addition, Tennessee law does not require parental consent for a health care provider to render emergency care to a minor.

Tennessee law has adopted the “mature minor” doctrine that states a licensed medical healthcare provider may treat a minor without parental consent. Minors between the ages of 14 and 18 may be treated without parental consent unless the licensed medical healthcare provider believes that the minor is not sufficiently mature to make his or her own health care decisions.

Minor Patient Health History

List any Chronic Illnesses your child has, if any:

List any surgeries your child has:

Type of Surgery

Date of Surgery

_____	_____
_____	_____
_____	_____

List any Medications your child takes:

Medication Name

Dose

How many times per day

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Is your child allergic to any medications or foods: Yes No If yes, list medication or food and reaction:

Medication or Food Name

Allergic Reaction

Pediatrician Information

Physician Name _____

Phone Number _____

Parent/Legal Guardian Contact Information

Mother's Name _____

Home _____ Work _____ Cell _____

Father's Name _____

Home _____ Work _____ Cell _____

Legal Guardian's Name _____

Home _____ Work _____ Cell _____

Emergency Contact Name _____ Number _____

This consent will be in effect from the date signed until the minor is 18 years of age unless cancelled in writing by parent/legal guardian.

Parent/Legal Guardian:

Name (Print): _____

Signature: _____

Date: _____