

Patient Consent Form: Medical Care of a Minor

****Only required if under the age of 18 years old****

The undersigned hereby consents on behalf of the below named minor, who is less than eighteen (18) years of age, to the medical diagnosis and treatment to be performed by the Occupational Health Services Physician, Physician Assistant, and/or Nurse Practitioner and/or by any person(s), or ancillary staff he/she may designate.

(Please print information)

1) Name of Minor _____

Address: _____
Physical Street Address City State Zip Code

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 or medical care for the minor.
- A person eighteen (18) years old or older who has care and control of the minor and has written authorization to consent to medical care for the minor from a person authorized 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 Occupational Health Services to perform those medical and surgical processes on the above named minor as may be deemed necessary by the physician and other non-physician assistants. In addition, I authorize Occupational Health Services for charges not covered by the employer's authorization.

SIGNED this _____ day of _____, year _____.

Signature: _____

Patient Consent Form: Medical Care of a Minor



Dear Parent:

In our effort to provide a safe working environment for our employees and a safe recreational facility for the public; we require our applicants, upon conditional offer of employment, to undergo a drug screen. Since your son/daughter is not eighteen (18) years of age, we must receive written authorization from you, for your son/daughter to undergo this part of the process.

Please complete the attached "Patient Consent: Medical Care of a Minor" form, sign it and give it to your son/daughter to take with them to Occupational Health Solutions. If you do not provide authorization for your son/daughter to have a drug screen, he or she will not be able to complete the hiring process.

Thank you for your assistance in this matter. We look forward to considering your son/daughter for employment with the City; if you have any questions please contact me at 817-743-4041.

Sincerely,

Carolyn J. Nivens, SPHR
Human Resources Director