

CONSENT FORM FOR TREATMENT OF MINOR CHILD

The State of Florida has enacted a new law that imposes additional obligations on health care providers when obtaining consent to treat a minor child. This form seeks to comply with our obligations under this new law, including obtaining a written consent to prescribe, where medically indicated, medicinal drugs needed by the minor child identified below. The new law also states that written consent must be obtained from a parent who has legal custody of the minor child or is the legal guardian of the minor child.

By signing below, I represent that I am either a parent with legal custody or the legal guardian of the minor child named below.

I give Allergy and Asthma Care of Florida physicians, other medical professionals, and employees, consent to provide, solicit and arrange for health care services, and prescribe medicinal drugs when necessary, to the minor child named below.

THIS CONSENT FORM HAS BEEN EXPLAINED TO ME AND MY QUESTIONS HAVE BEEN ANSWERED.

DATE: _____ TIME: _____ Signature: _____

Print Name: _____

Relationship: _____

Print Name of Minor Child: _____ Date of Birth: _____

If Interpretation is Used:

Qualified Staff / Interpreter Signature

Check: Phone
 Video

Print Qualified Staff / Interpreter Name	ID Number	Language Interpreted	Date
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PATIENT LABEL
OR
Patient / Minor Name _____
DOB _____
Patient ID _____