

Consent for Treatment of Minor Accompanied by A Non-Parent/Guardian Adult

It is Avance Care's policy to require this completed and signed consent form from a parent or legal guardian and a copy of that person's driver's license to permit treatment of an unemancipated minor accompanied by an adult who is not the minor's parent or legal guardian. This completed form and a copy of the appropriate driver's license must be received by Avance Care prior to or at the time of services. Regardless of who accompanies the patient, payment is expected on the date of service and can be made in advance via phone or by cash or credit card upon check-in. Avance Care will accept notarized statements from parents or guardians pursuant to North Carolina General Statutes Chapter 32A 26 for authority that encompasses multiple service dates or a certain period of time (which requires notarization).

I, _____ **[Parent/Guardian Name]** am the _____ **[Indicate Relationship]** of _____ **[Patient's Name]** whose birthdate is _____. I authorize _____ **[Full Name of Accompanying Adult]** whose birthdate is _____ to accompany my child to their office visit and authorize Avance Care to provide medical care to my child based on that party's decisions, including, but not limited to: diagnostic examination (including laboratory testing/diagnostic imaging), treatment, procedures, immunizations, and prescribing of medications as considered medically appropriate by their provider.

This Consent is effective for date of service ____/____/_____.

In the event the child is due for an immunization at this visit, prior to the immunization being given, the authorized individual listed above will be asked to sign a statement that you have authorized such individual to obtain such immunization for the child.

Should my child need further invasive diagnostic or surgical procedures, attempts will be made to contact me or another parent/guardian of my child, at the number(s) I have provided below, before such care is initiated.

I understand that this authorization is voluntary and that I have the right to revoke it in writing at any time, but that such revocation of consent will not affect any action Avance Care took in reliance on this Consent prior to receipt of such written revocation.

By signing this form, I acknowledge that I have read and agreed to this consent, I have the understanding and capacity to communicate health care decisions and understand the full import of this grant of powers to the agent named herein, and that any questions I had prior to signing were answered by Avance Care.

Signature

Name

Relationship to Patient

Phone Number

Address