



CONSENT FORM FOR TREATMENT OF MINORS
LIMITED ONE-TIME USE FORM

To comply with Utah law, ARUP Family Health Clinic requires a parent or legal guardian accompany any minor children (17 years old or younger) to their medical appointment. In the event that a parent or legal guardian is unable to accompany his or her minor child to a medical appointment, the parent or legal guardian must sign this consent form for treatment of minors. In absence of a parent, any grandparent for his/her minor grandchild, or any adult for his/her minor sibling. This is a one-time use form and must be completed each time a minor presents for a medical appointment without a parent/legal guardian.

Name of parent or legal guardian _____

Name of child _____ Birthdate _____

My child can attend this medical appointment alone.

Name _____ Relationship _____
will accompany my child at this appointment.

If there is a need to reach me during my child's appointment to discuss further care or treatment, I can be reached at the following phone numbers

Home () ____ - ____ Work () ____ - ____ Cell () ____ - ____

Other Emergency Contact _____ Phone _____

I consent to care and treatment for my child related to his/her medical appointment at ARUP Family Health Clinic on _____ and I have the legal authority to give this permission.

Parent/Guardian signature _____ Date _____