

# Consent Form for Parents/ Guardians

In keeping with the Confident Teen Policy, parents or guardians are required to consent to allowing their teen to have one-on-one time with their health care provider.

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born \_\_\_\_\_, do hereby consent to the Confident Teen policy and administration of other health care questionnaires determined to be necessary by [provider] in seeking medical treatment for my child.

I grant permission and allow [provider] of [healthcare organization], the authority to the above listed service without my physical presence.

This authorization is effective from on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expires on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Parent/Guardian	Date	Print Name
_____	_____	_____

Signature of Witness	Date	Print Name
_____	_____	_____