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Newport Beach, CA 92660
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Permission to Treat Minor

This form may be completed by parent/guardian and faxed to clinic or brought in by patient at time of visit, however, phone verification by clinician directly with parent/guardian is required prior to actual treatment.

PATIENT INFORMATION (PLEASE PRINT):

Name: _____ Date of Birth: _____

Social Security Number: _____ Age: _____

Address:

Primary Phone: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name (Please Print): _____

Daytime Number: _____ Evening Number: _____

Emergency Contact (If you are unavailable): _____

Emergency Contact Number: _____

I give the Doctors at Vital Urgent Care permission to treat my son / daughter / dependant without me being present.

BY MY SIGNATURE I AUTHORIZE THE TREATMENT OF MY MINOR CHILD WITHOUT MY PRESENCE.

Parent/Guardian Signature: _____ Date: _____