



RAVALLI FAMILY MEDICINE

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Permission to Treat a Minor without Parent/Guardian present

Ravalli Family Medicine must receive permission from a child’s parent or legal guardian before providing non-life threatening treatment. This form gives us legal permission to treat your child in case you cannot accompany him/her to the clinic for treatment. If the party accompanying your child (baby-sitter, friend, relative, etc.) does not present this information the clinic will attempt to contact you to request permission to treat your child.

Please note:

- A parent/legal guardian must attend a minor’s first visit
- This form is valid only for the dates listed below.
- In certain circumstances, in accordance with State and Federal laws, parent/guardian permission may not be needed for adolescents being seen for concerns of “heightened sensitivity” such as STD testing, family planning, mental health, etc.

Patient Name: _____ Patient DOB: _____

Date(s) Valid: _____

Please initial:

____ We/I are authorizing the minor to seek and consent to treatment with no adult present.

____ We/I grant _____ (an adult into whose care the minor has been entrusted) to arrange and authorize routine and emergent treatment at Ravalli Family Medicine.

____ We/I acknowledge that we are responsible for all reasonable charges in connection with the care and treatment rendered.

Signature: _____ Date: _____

Printed Name: _____ Relation to patient: _____

In case of an Emergency, I can be reached at: (phone number) _____

Please send the insurance card and co-pay (if applicable) to the appointment.