

Lamprey Health Care

DATE: _____

Parental Consent Form to Provide Care to a Minor (Child)

DESCRIPTION: By signing this form you are consenting to allow the providers at Lamprey Health Care to provide your child or ward care when you are not present.

Minor's Name: _____ D.O.B: _____

Parent/Guardian's Name: _____

Name of the person who can bring your child in for visits: _____

I understand that these consents in its entirety will remain in effect as long as I continue to receive health care services at Lamprey Health Care or at the patient's 18th birthday. I understand that if I choose to revoke this consent form, this must be done in writing using this form. I understand that my revocation of this authorization will not affect any action that you have taken, or any information that you have already released based upon this authorization, before LHC's receipt of my request to revoke it.

Signature of Parent / Guardian: _____ Date: _____

REVOCATION

- I wish to revoke this form effective on the date of the signature below.

Signature of Parent / Guardian: _____ Date: _____