Minor Consent Form
Bellevue Family Practice

This gives legal permission to Bellevue Family Practice, P.C., to treat your child in case of illness, injury, or routine medical care if you cannot accompany your child to the clinic.

The law requires the office to receive permission from a child's natural parent or legal guardian before treatment of illness or injury that is not life threatening. If this form does not accompany the person bringing the child in for treatment, the parent must be contacted prior to treatment. Completed forms will be filed in the front of your child's chart. This form MUST be dated and is good for no longer than a one year.

The form requires a notary to witness the natural parent or legal guardian signature along with picture ID.

Name of child: _____ DOB: _____

Parent/Guardian: _____ _____
print sign

Notary: _____ Date: _____