

**St. Cloud Ear, Nose and Throat Clinic**

**Minor Patient - Parent/Guardian Consent to be Accompanied by Designated Adult**

*A minor patient is defined as any individual under the age of 18 years*

A parent or legal guardian must be present for a minor patient's visit to the St. Cloud Ear, Nose and Throat Clinic. If the minor patient's parent or guardian is unable to attend the visit, they may appoint a designated adult to accompany the patient to their visit.

Please complete the form below to allow for a designated adult to accompany your child to their visit at the St. Cloud Ear, Nose and Throat Clinic. We will be unable to treat your child without this consent form on file.

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Minor Patient's Name: \_\_\_\_\_

Minor Patient's Date of Birth: \_\_\_\_\_

I, (print your name), \_\_\_\_\_ grant St. Cloud Ear, Nose and Throat Clinic permission to assess and treat the aforementioned minor in the presence of the following adult, who is authorized to approve treatment:

Name: \_\_\_\_\_ Relation to minor: \_\_\_\_\_

I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered. Please note: insurance cards and co-pay amounts (if applicable) must be presented at each visit.

This authorization is valid for this visit only (date of appointment): \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Legal Guardian)

Parent/Guardian Phone Number: \_\_\_\_\_