

# Permission to Treat a Minor Without a Parent/Guardian Present

**BASTYR CENTER** | *the teaching clinic  
of Bastyr University*  
**FOR NATURAL HEALTH**

## Patient Information

This form gives us legal permission to treat your child in case you cannot accompany him/her to the clinic for treatment. Consent may include, but is not limited to clinic visits, medical treatment, and tests.

Patient Name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

❖ **A parent/legal guardian must attend a minor's first visit with Bastyr Center for Natural Health.**

I hereby authorize \_\_\_\_\_  
as an agent to give consent to any medical or surgical treatment by any licensed physician in the State of Washington for  
our child \_\_\_\_\_  
at Bastyr Center for Natural Health.

This authorization shall remain effective until revocation in writing by the undersigned.

{ } Please initial here if you are authorizing the minor to seek and consent to treatment with no adult present.

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

### In case of emergency, I can be reached at:

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Other Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Signature Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Witness Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_