

LiveWell

MEDICAL CLINIC

The Shops at Tanforan 1150 El Camino Real, Suite 225 San Bruno, CA 94066
P.650.873.3338 F.650.873.3308

Consent for Medical Treatment by Legal Guardian

I _____ (mother/father) of _____ with
Date of Birth _____, give permission to the following person (name)
_____ (relationship to patient) _____, to bring my
child to LiveWell Medical Clinic to see Dr. Maria Osmeña, and/or Dr. David Gordon, today
and/or any future visits, if I am unable to accompany my son/daughter for medical check-ups or
other medical emergencies. I authorize this person to make decisions on my behalf regarding my
child's medical treatment, medications, and immunizations. I understand that the person who has
my consent to bring my child in for the appointment is an adult over the age of 21 and who will
bring a valid identification at the time of the appointment, as well as my child's medical
insurance card.

(Please indicate and initial)

Valid **Only** for today's visit: _____ (Appointment Date): _____

Valid for **All Future** visits: _____

Treatments:

(Please initial next to all that apply)

1. Medical/Medication Treatment _____
2. Immunizations _____

Parent Signature: _____

Print Parent name: _____

Today's Date: _____