

LiveWell

MEDICAL CLINIC

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Consent for Minors Medical Treatment By Legal Guardian (Alone)

I _____ (mother/father) of _____
with Date of Birth _____, give my permission for my son/daughter to come
alone for Doctors appointments with Dr. Maria Osmeña and Dr. Meghan Trojnar when I
am unable to accompany my son/daughter for medical check-ups or other medical
emergencies. I authorize my son/daughter to make decisions on my behalf regarding:
medical treatment, medications, and immunizations. I understand that my son/daughter is
less than 18 years of age. He/she will bring medical insurance card at time of
appointment.

Treatments:

(Please initial treatments approved by you to be done at time of appointment if needed.)

1. Medical/Medication Treatment _____
2. Immunizations _____

(Please initial your choice)

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

Valid for **All Future** visits: _____

Today's Date: _____

Parent Signature: _____

Please print parent name: _____