

LiveWell

MEDICAL CLINIC

343 El Camino Real, Suite 1, South San Francisco, CA 94080

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Consent for Office Visit 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. Meghan Trojnar for
today's visit _____ (Date). This person has my consent to bring my child in for the
following type of visit: sick, follow up, immunizations, physical examinations, walk-in, and new
patient visits (Please indicate otherwise _____). I authorize this person to make
decisions on my behalf regarding the following: medical treatment, medications, procedures and
immunizations for today's visit, (Please indicate otherwise _____). 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.

Select one of the following options:

- I give consent for the person mentioned above to bring my child to **All Future** necessary appointments regarding all types of visits. *If applicable, initial here* _____.
- I **Do NOT** give consent for the person mentioned above to bring my child for any future appointments. This consent is only valid for today's visit. *If applicable, initial here* _____.

This signed consent **Does NOT** authorize the person mentioned above to have any patient medical privileges not pertaining to the visit. This person does not have authority regarding scheduling appointments, requesting medical records, and/or requesting doctor phone consultations. For all questions, parents/legal guardian must call the office directly.

Today's Date: _____ Parent's Signature: _____