

CONTINUING CONSENT FOR MEDICAL TREATMENT OF A MINOR

Expiration Date		Date of Authorization			
Patient Name	First			Loot	
FIrst		Middle		Last	
Age:	Date of Birth: Mo	onth	Day	Year	
child, in our/my abs	d parent(s)/legal guardia sence, do hereby consen secessary by MedNow Ur	t to the phys	sical examination and	, a minor d care of said minor as	
				ess revoked sooner in writing with the custody of the mi-	
	nd and assume responsit ince company at the tim			nonetary payments as re-	
Signature Da		te Relationship to		ip to Minor	
Printed Name			_		
Signature	Da	Date		Relationship to Minor	
Printed Name			_		
1)					
Printed Name			e of Witness	Date	
2)					
Printed Name		Signature of Witness		Date	
	_ We have received a co	opy of this fo	orm for our records		

Initials