



Our primary care is you.

Consent for Services of a Minor Child

In almost all cases, Tallahassee Primary Care Associates (TPCA) requires written consent from a parent(s) or legal guardian(s) in order to provide healthcare services in the Diagnostic Imaging Center, Lab, Clinical Services departments and/or primary physician's offices for a minor child under the age of 18.

All parent(s) or guardian(s) are encouraged to attend all medical appointments at Tallahassee Primary Care Associates, but we understand that isn't always possible. To avoid having to reschedule appointments when a parent(s) or guardian(s) is unable to attend, this consent form authorizing TPCA and its medical professional to provide medical care must be signed by the appropriate person.

If a minor child presents to our facility unaccompanied or in the company of an adult other than a parent or legal guardian, a TPCA professional(s) will not provide care or services.

I, (We) _____ and _____ do hereby state that I am (we are) the parents or legal guardians of (child's name) _____, of minor age born on _____.

We authorize and consent to the professional services provided at or arranged by TPCA or it's ancillary department(s) for _(Childs's name) _____, including _____ exam/services, and any additional treatment necessary in the professional's judgment to protect the health and safety of the minor.

Signature(s) of parent(s) or guardian(s)

Date
