



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.

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 _____.

****Please Initial options below****

_____ (I) We authorize and consent to all professional services provided at or arranged within the primary care office and their ancillary department(s).

_____ (I) We authorize and consent to any medically necessary treatment within the primary care office only and not ancillary department(s).

_____ (I) We do not give consent for _____ (list specific test/services) services.

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

Date

The below adults are authorized to seek medical care and/or ancillary services in place of the minor child’s parent and/or legal guardian.

Name: _____ Relationship to minor: _____

Name: _____ Relationship to minor: _____

Name: _____ Relationship to minor: _____

Name: _____ Relationship to minor: _____

Consent expires on: _____ (If not dated, then it will expire one year from signed date)

All completed signed forms should be scanned as the document type, CONSENT FOR MINOR CHILD.

Tallahassee Primary Care Associates, P.A. (TPCA) does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs or activities.