



Consent Form For Treatment of Minor Child

Appointment Date/Time: \_\_\_\_\_

The State of Florida has enacted a new law that imposes additional obligations on health care providers when obtaining consent to treat a minor child. This form seeks to comply with our obligations under this new law, including obtaining a written consent to prescribe, where medically indicated, medicinal drugs needed by the minor child identified below. The new law also states that written consent must be obtained from a parent who has legal custody of the minor child or is the legal guardian of the minor child.

In case of an emergency, if the child becomes ill, or needs to be hospitalized the providers should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should then contact the following person(s):

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

**I give Cooper Family Medical consent to provide, solicit and arrange for healthcare services, and prescribe medicinal drugs when necessary, to the minor child named below:**

Minor's First & Last Name: \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_

**By signing Below, I represent that I am either a parent with legal custody or the legal guardian of the minor child named below.**

**This consent has been explained to me and my questions have been answered.**

Parent /Guardian First & Last Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date