

Release for Treatment of a Minor without a Parent/Guardian Present

I give IKP Family Medicine my permission to treat my child without me. Please keep this on file for any time I cannot attend an appointment. This permission remains in effect until it is revoked in writing or the child turns the age of 18 years old.

IKP Family Medicine asks that a parent/guardian be present at all appointments but understands that this may not be possible for some patients.

Date: _____

Name of Minor: _____

Signature of Parent/Guardian: _____