



Consent for Treatment of a Minor

As the parent and/or legal guardian, and having legal custody and/or legal guardianship, of:

(Minor's Name): _____, a minor,

I consent and authorize MediMin to perform any physical examination, diagnosis and/or treatment which is deemed advisable by any Provider working for MediMin, Inc. It is understood that this authorization is given in advance of any specific diagnosis or treatment and is given to provide authority to MediMin for any and all such diagnosis and treatment which the provider may, in the exercise of his/her best judgment, deem advisable.

Date: _____

Printed Name: _____
Parent and/or Legal Guardian

Signature: _____
Parent and/or Legal Guardian

Clinic ID:

Clinic Location: