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Consent for Medical Treatment of an Unaccompanied Minor

Patient's Full Name: _____ Date of Birth: _____

Date: _____

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical treatment provided by Upstream Family Medicine. Please complete this form if your child will be coming for a visit, treatment, or procedure, without a parent or legal guardian. This consent may be revoked by you at any time in writing.

This consent is valid:

- until revoked
 only on the following date(s): _____

I authorize _____
Adult being authorized Relationship to Patient
to give consent to medical treatment by Upstream Family Medicine on behalf of my child listed above. The above-named individual may also receive test results and additional information pertinent to the care and treatment of this minor child.
I understand I am still financially responsible for all medical expenses incurred by my child during these appointments.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Phone Number

Witness

Date