



Consent to Treatment of a Minor Without Parents/Guardians

I, _____, the parent or legal guardian of
my child, _____, date of birth,
_____, authorize **Mt. Juliet Health & Wellness** to provide
routine, sick visit and emergency medical treatment for my child when deemed
necessary. It is understood that this consent is given in advance of any specific diagnosis
or treatment and allows the provider to diagnosis and treat the minor even when the
parent or guardian is not present. This authorization is in effect until revoked in writing
by me.

Signature of Parent/Guardian: _____

Date: _____ Phone Number: (_____) _____