



Consent to Accompany Minor Patient

I, _____, authorize/permit the designated individual(s) listed below to bring my child, _____, to MCV Physicians (MCVP) for medical attention, if necessary, in those instances when I am unable to do so.

I further authorize the performance of procedures deemed necessary by a physician or other licensed independent practitioner, including but not limited to medical treatments and non-invasive procedures, and the administration of medications orally, intravenously, or by injection.

Designated Individuals (Please Print):

Name <u>Senate Staff</u>	Relationship to child <u>Chaperone</u>
Name _____	Relationship to child _____
Name _____	Relationship to child _____
Name _____	Relationship to child _____

I understand that all above named individuals will be required to present proper picture identification upon arrival at the MCVP clinic. I further understand that when designated individuals without proper picture identification, and/or individuals not designated in this document to accompany my child, MCVP will not provide general medical treatment (emergent care excluded).

This Consent Form will be maintained in the patient's medical records. Updates to this list of individuals may be furnished by telephone.

Name of Parent or Legal Guardian (Please Print) _____
Date

Last four digits of SS#, mother's maiden name, and/or other identifying information for verbal consent when necessary

Signature of Parent or Legal Guardian _____
Emergency Phone Number