## Consent for Medical/Surgical Care/Emergency Treatment and Child's Medical Information

In presenting my child/ward for diagnosis and treatment:

Name: ________________________________________ for ______________________________________

[ ] Mother [ ] Father [ ] Legal Guardian [ ] Son OR [ ] Daughter

Of ________ years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized members of the clinic staff or their designees, as may in their professional judgment be deemed necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

I hereby give consent to **A+ FAMILY URGENT CARE, 3345 S DALE MABRY HWY, TAMPA, FL 33629** to provide routine or emergency medical care and treatment necessary to preserve the health of my child.

I accept responsibility for all reasonable charges in connection with care and treatment rendered during this period.

_______________________________________________________ ___________________________________

Signature of [ ] Parent(s) or [ ] Guardian(s) Date

Child's Name: ________________________________________ Date of birth: _____________________________

Address: ___________________________________________________________________________________

Parent's telephone number: ____________________________

Insurance Carrier: __________________________________ Group #: _________________________

Member #: __________________________________ Insurance telephone number: _____________________

Child's allergies: ______________________________________________________________________________

Is child up to date on vaccinations? [ ] YES [ ] No: (list which are lacking) ________________________________

Medicines the child is taking: ____________________________________________________________________

Medical history: (surgeries, hospitalizations, chronic illnesses) _________________________________________

______________________________________________________________________________________________