



Kachina
Family Medicine

Kachina Family Medicine
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Phoenix, AZ 85048
Phone: 480-706-4100
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Consent to Treat a Minor without Parent/Guardian Present

Patient Name: _____ Date of Birth: _____
Last First Middle

I, the undersigned parent/guardian of the above patient, a minor, do hereby authorize the providers and staff at Kachina Family Medicine to provide ongoing routine and emergency health care to the patient without my presence.

This consent will remain effective until _____, or until revoked in writing.

Parent/Guardian Signature Date Signed

Parent/Guardian Printed Name