



Fridley Children's & Teenagers'
Medical Center
Love...Kindness...Excellence

CONSENT FROM MINOR CHILD TO BE SEEN WITHOUT PARENT/LEGAL GUARDIAN PRESENT

DATE:	PT NAME:
DOB:	PARENT/GUARDIAN NAME:
Contact Numbers:	(Home):
	(Work):
	(Cell):

I, _____, mother/father/legal guardian

of _____ give my permission to any provider at FCTMC to see my child without me being present. I consent to the provider taking any necessary steps in events of emergency situations including treatments, medications and transfers of care.

Parent/legal Guardian signature

Printed Name

*****This authorization is valid unless cancelled by parent/legal guardian*****