

Premier Urgent Care

Authorization to Treat Minor

Name of Child/Minor _____

As the parent/guardian of the above named child/minor, I hereby give permission to healthcare providers of Premier Urgent Care in Monument or Colorado Springs to treat the child/minor in the event that a medical issue arises and I am unable to personally consent to the treatment. I also agree to be responsible to the physician, clinic, lab and all other ancillary service providers for charges incurred relating to medical services rendered.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Instructions: Please fill out form and attach copy of your driver's license and have the child bring with them to their visit

OR

FAX COMPLETED FORM TO LOCATION YOUR CHILD WILL VISIT:

719.481.0572 (Monument)

719.203.3302 (Colorado Springs)

Premier UC staff member received _____ Date _____