



**MINOR APPOINTMENT  
COMING TO APPOINTMENT WITHOUT PARENT/GUARDIAN**

Today's Date \_\_\_\_\_

\_\_\_\_\_ has my permission to be seen at Independent Family Doctors for evaluation and treatment in my absence on \_\_\_\_\_. (Date)

I will be available by telephone at the listed number should the provider need to speak to me regarding medical care or treatment.

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Phone number)