

United American Indian Involvement, Inc.

1125 W. 6th Street, Suite 103 Los Angeles, CA 90017

Main: (213) 202-3970 Fax: (213) 975-9257

Continuing Consent For Non-urgent Pediatric Care

Date: _____

Expiration Date: _____

Child's name: _____ DOB: _____ Age: _____

I (we), the undersigned parent(s)/legal guardian(s) of _____, a minor child, in our/my absence, do hereby consent to the physical examination and care of said minor as deemed medically necessary by the medical provider.

This consent shall remain in effect for one (1) year from the above date unless revoked sooner in writing and delivered to said persons entrusted with the custody of the minor.

We/I also understand and assume responsibility of making any applicable monetary payments as required by my insurance company at the time services are rendered.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Minor: _____

Signature: _____ Date: _____

Printed Name: _____ Relationship to Minor: _____

Staff Witness: _____ Date: _____
