



melmed center  
TM

# Limited Consent for Treatment of Minors Unaccompanied by an Adult

Patient's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To comply with Arizona law, Melmed Center requires that a parent or legal guardian appointed by the court, accompany any minor children (17 yrs old or younger) to their medical/therapy appointments. In the event that a parent or legal guardian is unable to accompany his or her minor child to a medical/therapy appointment, the parent or legal guardian must sign this Limited Consent for Treatment form.

Name of parent/ legal guardian \_\_\_\_\_

I consent to care and treatment for my child related to his/her medical/therapy appointment at Melmed Center. I am aware that a prescription will not be provided to a minor under the age of 18 yrs, nor will any medication changes be made.

My mature child, age \_\_\_\_\_ (not less than 16 yrs) can attend his medical/therapy appointments with

(Provider name) \_\_\_\_\_ unaccompanied by a Parent/Legal Guardian.

I certify that this request has been made voluntarily and that the given information above is accurate to the best of my knowledge. By my signature below, I further declare that I am the legal guardian of the child listed above and I have the legal authority to grant the above permission.

\_\_\_\_\_  
Name of Patient (Please Print)

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

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Patient

**Please complete and fax to (480) 443-4018**

**4848 East Cactus Road, Suite #940 Scottsdale, AZ 85254 (480) 443-0050**

[www.melmedcenter.com](http://www.melmedcenter.com)

Revised 10/11