TRAVELHEATH AND FECTIOUS DISEASE, LLC

PARENTAL CONSENT FOR TREATMENT OF A MINOR

i/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( parent/guardian) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( parent/guardian) do hereby state that I/We am/are the parents and/or legal guardian(s), having legal custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( child’s name) , a minor, age \_\_\_\_\_\_\_\_\_\_\_\_\_\_, who resides with me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In event that I/We are unable to accompany my/our child to the office, for my/our child’s service at the Travel Health and Infectious Disease, LLC , I/We hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( name of temporary caregiver) to bring my/our child to the Travel Health and Infectious Disease, LLC office for examination and or treatment.

Upon my/our consent and notice to the THID( Travel Health and Infectious Disease, LLC), this temporary caregiver will come with my/our child whenever I/we am /are unable to do so. I/we consent to the Temporary Caregiver may consent to any treatment at the THID which may be necessary for the treatment of my /our child. Such treatment may include, but is not limited to examinations, XRays, lab tests, and use of medications as may be required. I/We understand that such treatment shall be made upon medical advice. I/We understand that this consent shall be limited to the above and that any other procedures which may be required for my child, including but not limited to surgery, shall require written consent from me/us.

By our signature below, I/we understand that I/we will continue to assume any and all financial responsibility for any services rendered to my/our child

This authorization will expire on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I/we certify that I/we understand and agree to the contents of this consent

Date

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness ( >18y old and is not the Temporary caregiver)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_