Family Care
ASSOCIATES
www.familycareassociates.com
1106 N Merchant Street
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AUTHORIZATION TO TREAT MINOR

Family Care Associates of Effingham's policy requires all patients ages 15 years or younger to be accompanied by an adult over the age 18 years. Patients ages 16 or 17 years old may receive treatment without an adult, but there must be an authorization to treat on file.

As the parent/guardian of the below-named children/minors, I hereby agree to the terms of the policy and give consent to Family Care Associates of Effingham, S. C. to evaluate, treat, and perform any diagnostic imaging, laboratory services, and/or administer any injectable medications or vaccinations that are deemed necessary. I give permission for treatment in the event that a medical emergency arises and/or I am unable to personally consent to the treatment. I also agree to be responsible to the physician for charges for medical services rendered.

Name of Child/Minor	DOB	Name of Child/Minor	DOB
Name of Child/Minor	DOB	Name of Child/Minor	DOB
Name of Child/Minor	DOB	Name of Child/Minor	DOB

Parent or Guardian's Name (Print Please) Date

Parent or Guardian's Signature