
CONSENT FOR TREATMENT OF A MINOR

According to Florida law, a parent or legal guardian must consent to the treatment of a minor (any person under 18 years of age) except under certain circumstances. The exceptions are listed below under the Consent by Minor section. In circumstances when the minor has the legal right to consent, Florida law prohibits the release of the minor's medical records for such treatment without the minor's written consent.

CONSENT BY PARENT/LEGAL GUARDIAN

I, the undersigned, as the parent or legal guardian of _____ (the "minor") have the legal authority to give consent for the treatment of this minor. I, hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any medical condition. I agree that treatment may be provided in my absence. This consent shall remain in effect unless revoked in writing.

Minor's Name _____ DOB _____

Relationship to Minor _____ Parent Legal Guardian

Signature of Parent or Legal Guardian

Date

CONSENT BY MINOR PATIENT (under limited circumstances)

I, _____, consent to such diagnostic, medical and/or surgical treatment by Gentle Gynecology providers. I have the legal authority to consent to such treatment because I am (check one or more of the following):

- an emancipated minor (**emancipated by court (must provide court order)**).
- married, divorced or widowed (**must provide copy of court document**). I can consent to any treatment.
- a mother consenting to treatment of my child. (**ex: Minor consenting to her child's circumcision**)
- pregnant and consenting to treatment of my pregnancy.

Signature of Minor Patient

Date