



Hoag Medical Group
 Hoag Urgent Care
 Hoag Physician Partners
 Hoag Concierge Medicine
 Hoag Specialty Clinic

CONSENT TO TREAT A MINOR

I, _____ authorize the Hoag entity selected above and affiliates
 to provide medical care for _____ born on _____
Patient Name Date of Birth

including immunizations, physical examinations, and testing/treatment for the purpose of medical
 diagnosis and treatment, which is deemed advisable by and is to be rendered by the providers and
 staff of the entity selected above and affiliates.

This authorization is effective as of _____
Date

Parent/Legal Representative (Print Name): _____

Parent/Legal Representative Signature: _____ Date/Time: _____

Witness: _____ Date/Time: _____

Note: Minors 12 years and older may consent to medical diagnosis, or treatment of the following: infectious or
 communicable diseases which must be reported to the local health officer; STDs, rape or HIV testing, mental
 health therapy or drug or alcohol related problems. Minors of any age may consent to medical diagnosis and/or
 treatment of the following: contraception, pregnancy, and diagnosis or treatment of sexual assault.