



PERMISSION TO TREAT A MINOR WITHOUT A PARENT/GUARDIAN PRESENT

Brickie Community Health Clinic (BCHC) must receive permission from the student’s parent or legal guardian before providing treatment for an injury or illness that is not life-threatening. This form gives our healthcare providers your consent to assess and treat your student without an accompanying adult present.

I (we) do hereby state that I am (we are) the parent(s) and/or legal guardian(s) of the minor child named below, who resides with me (us) at the address indicated. Under the advice and care of a BCHC physician or advanced practice nurse provider who is licensed to practice in the state of Indiana, I (we) consent to any necessary examination, diagnostic testing, or treatment for my (our) below named child.

Specifically, I (we) consent to each of the services below (initial each service that your child may receive from BCHC without your presence):

- Physical examination and/or first aid treatment
- Medical and nursing management of acute or chronic illnesses or diseases
- Laboratory testing: including blood sugar, mononucleosis and strep tests
- Immunizations required for school attendance or recommended flu shots
- Sports Physicals
- Mental health screenings
- Mental health counseling
- Nutritional counseling
- Substance abuse screenings
- Pregnancy testing and counseling
- Testing and treatment for sexually transmitted diseases

*Permission to contact student directly for follow up? YES _____ Student’s phone number:

NO _____

Parent/Legal Guardian Name(s):

Student’s Name:

Date of Birth: _____ Age: _____

Resides at (street address):

City/State/Zip Code:

Student	Parent/Legal Guardian Signature	Date	Relationship to
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EXPIRES ONE YEAR FROM DATE SIGNED