Gilbert Center
For Family Medicine

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PERMISSION TO TREAT AN UNACCOMPANIED MINOR

Minor Patient Under Age 18 · Gilbert Center for Family Medicine

PLEASE NOTE: A parent or legal guardian MUST be present for the minor's first visit to Gilbert Center for Family Medicine (GCFM). A new form is required for EACH VISIT the minor is seen without a parent or legal guardian. This form is valid for the single visit date indicated below only.

MINOR PATIENT INFORMATION

Minor's Last Name	First Name	Date of Birth	Today's Date/ Visit Date

PARENT / LEGAL GUARDIAN AUTHORIZATION

I, the undersigned, am the parent or legal guardian of the minor patient named above. I hereby authorize Gilbert Center for Family Medicine to provide the following care to my minor child for the visit date indicated above, in my absence:

- ■ Prescription medications as clinically indicated
- ■ Wound care, suturing, and minor procedures
- ■ Referrals to specialists or emergency care
- ■ Treatment of acute illness or injury (non-life-threatening)
- ■ Routine physical examination and medical diagnosis
- ■ Diagnostic testing (lab work, urinalysis, rapid tests)
- ■ Radiological examination (X-ray)
- ■ Immunizations / vaccinations

Scope Limitations: This form does not authorize mental health treatment or behavioral health screening, which require separate written parental consent under **A.R.S. §36-2272**. STI testing/treatment and substance use treatment may be provided to the minor without parental consent under **A.R.S. §§44-132.01 and 36-2024** regardless of this form. Emergency life-threatening care will always be provided regardless of consent status.

AUTHORIZED ACCOMPANYING ADULT (if different from parent/guardian)

Full Name of Authorized Adult	Relationship to Minor (e.g., grandparent, aunt/uncle, babysitter)	Phone

Financial Responsibility: By signing below, the parent/legal guardian assumes responsibility for all copays, deductibles, co-insurance, and charges associated with this visit. Charges are due before or at the time of service. Current insurance information must accompany the minor or the authorized adult at the time of the visit.

EMERGENCY CONTACT & PARENT / LEGAL GUARDIAN SIGNATURE

Parent/ Guardian Name (Printed)	*Relationship to Minor*
Cell Phone	*Work Phone*
Parent/ Legal Guardian Signature	*Date*

Arizona Minor Consent Law Reference	Relevant Statute	Parental Consent Required?
General medical / surgical care (unemancipated minor)	A.R.S. §44-132	Yes — this form serves that purpose
Emancipated, lawfully married, or homeless minor	A.R.S. §44-132	No — minor may self-consent
STI / venereal disease diagnosis and treatment	A.R.S. §44-132.01	No — any minor may self-consent
Substance use / alcohol abuse treatment	A.R.S. §36-2024 / §44-133.01	No — minor 12+ may self-consent
Mental health treatment (non-emergency)	A.R.S. §36-2272	Yes — separate consent required
Emergency / life-threatening care	Common law / EMTALA	No — always provided