

**Anna E. Lee, M.D.**  
A Medical Corporation  
**Consent to Treat Minor—For Limited Time Period**

This authorization is made under California Family Code 6910

This is an affidavit to authorize medical care including immunizations, physical exams, testing and/or treatment for the purpose of medical diagnoses and medical care, which is deemed advisable and is rendered by Anna E. Lee, M.D., or her designee.

I (we), \_\_\_\_\_ the undersigned  
parent(s) / guardian(s)

of: \_\_\_\_\_  
name(s) of patient

do hereby give permission to the **qualified individual**, \_\_\_\_\_,

to seek and authorize medical treatment for my child(ren) listed above. This authorization is **effective**

as of \_\_\_\_\_ and expires as of \_\_\_\_\_.

- Check Here** if the patient is authorized to bring himself/herself in for care or treatment.  
*It is suggested that children under the age of 18 be accompanied by a parent or legal guardian.  
In the event that the parent or legal guardian cannot be present, they must be available by phone at the time of service.*

I can be reached at the following phone number: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Qualified Individual's Name (Print)

\_\_\_\_\_  
Qualified Individual's Signature

\_\_\_\_\_  
Qualified Individual's Driver's License/ID#

All signing parties must declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**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; STD's, 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.