

Anna E. Lee, M.D., Medical Corporation

Anna Lee, M.D. and Siyi Yung, M.D.

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 Dr Lee, Dr Yung or their designee at Anna E. Lee, M.D., Medical Corporation.

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 a 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 (if new): _____ Policy: _____

Parent/Legal Guardian's Signature

Date

Qualified Individual's Name (Print)

Qualified Individual's Driver's License/ID#

Qualified Individual's Signature

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.