Nevada Occupational HEALTH & INJURY CARE CENTER

PATIENT CONSENT: MEDICAL CARE OF A MINOR

THE UNDERSIGNED HERBY CONSENTS ON BEHALF OF THE BELOW NAMED MINOR, WHO IS LESS THAN EIGHTEEN (18) YEARS OF AGE, TO THE MEDICAL DIAGNOSIS AND TREATMENT TO BE PERFORMED BY THE NEVADA OCCUPATIONAL CENTERS' PHYSICIANS, PHYSICIAN ASSISTANT AND/OR NURSE PRACTITIONER AND/OR BY ANY PERSON(S), OR ANCILLARY STAFF HE/SHE MAY DESIGNATE.

1) **NAME OF MINOR:**_____
ADDRESS:_____
SSN: _____
DOB: _____

2) **RELATIONSHIP OF MINOR TO THE UNDERSIGNED (CHECK ONE):**
- ○ PARENT (OTHER THAN POSSESSORY CONSERVATOR).
- ○ GUARDIAN OF THE PERSON.
- ○ JUDGE OF THE COURT HAVING JURISDICTION OF THE CHILD.
- ○ OTHER_____

3) I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING CONSENT, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN BEFORE SIGNED.

4) PERMISSION IS HEREBY GRANTED TO NEVADA OCCUPATIONAL HEALTH CENTERS TO PREFORM THOSE MEDICAL AND SURGICAL PROCESSES ON THE ABOVE NAMED MINOR AS MAY BE DEEMED NECESSARY BY THE PHYSICIAN AND THE OTHER NON-PHYSICIAN ASSISTANTS. IN ADDITION, I AUTHORIZE NEVADA OCCUPATIONAL HEALTH CENTERS' TO RELEASE ANY INFORMATION ACQUIRED IN THE COURSE OF SUCH EXAMINATION OR TREATMENT TO THE MINOR'S EMPLOYER OR ITS REPRESENTATIVE. I AGREE THAT I AM FINANCIALLY RESPONSIBLE TO NEVADA OCCUPATIONAL HEALTH CENTERS FOR CHARGES NOT COVERED BY THE EMPLOYER'S AUTHORIZATION.

SINGED DATE: _____

SIGNATURE: _____

EMPLOYEE: _____