

# ANNUAL CONSENT FORM FOR TREATMENT\* OF MINOR CHILD (under age 18)

## Permission to Treat\*

The State of Florida has enacted a new law that imposes additional obligations on health care providers when obtaining consent to treat a minor child. This form seeks to comply with our obligations under this new law, including obtaining a written consent to prescribe, where medically indicated, medicinal drugs needed by the minor child identified below. The new law also states that written consent must be obtained from a parent who has legal custody of the minor child or is the legal guardian of the minor child.

**By signing below, I represent that I am either a parent with legal custody or the legal guardian of the minor child named below.**

I give Lake Pediatrics, PA facility, physicians, other medical professionals, students, and Lake Pediatrics, PA employees, contractors, and personnel consent to provide, solicit and arrange for health care services, and prescribe medicinal drugs when necessary, to the minor child named below.

\*NOTE – I/we have been informed that medical care and treatment of my/our child at well exams and other times deemed necessary, typically include, as determined by the health care practitioner, a full physical examination including an external genital examination. Florida Statutes Section 456.51 (Consent for Pelvic Examinations) requires written consent by the patient or the patient's legal representative before a health care practitioner may perform any type of pelvic examination on a patient including an external genital exam. This Permission to Treat expresses my/our consent that an external genital exam may be performed on my/our child/children as part of their medical care and treatment.

**THIS CONSENT FORM HAS BEEN EXPLAINED TO ME AND MY QUESTIONS HAVE BEEN ANSWERED.**

### Name of Minor

First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth of Minor \_\_\_\_\_ Age \_\_\_\_\_

### Name of Parent/Legal Guardian

First \_\_\_\_\_ Last \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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