

# Eagan Valley Pediatrics

## Permission To Treat Unaccompanied Minors

At times parents or guardians may find themselves unable to accompany their minor children to appointments. This also includes teenagers who are able to drive. Please use this form if you are unable to accompany your child to their appointment with Eagan Valley Pediatrics. This form is to be used for all patients under the age of 18.

I hereby grant Eagan Valley Pediatrics permission to treat my child

Name of child \_\_\_\_\_

Child's DOB \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**If your child will arrive accompanied by an adult other than parent or guardian, please list the name.**

Name of person accompanying your child:

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