



America's Express Urgent Care
Medical Treatment Authorization Form

This form grants temporary authority to the below listed designated adult to consent to medical treatment for the minor(s) listed herein at America's Express Urgent Care. This form is used in the event that the minor is not accompanied by either parent or legal guardian.

Minor # 1

Full Legal Name: _____

Date of Birth: ____/____/____ Gender: Female ____ Male ____

Minor # 2

Full Legal Name: _____

Date of Birth: ____/____/____ Gender: Female ____ Male ____

Minor # 3

Full Legal Name: _____

Date of Birth: ____/____/____ Gender: Female ____ Male ____

Designated Adult # 1

Full Legal Name: _____

Date of Birth: ____/____/____ Gender: Female ____ Male ____

Relationship to child: _____

Designated Adult # 2

Full Legal Name: _____

Date of Birth: ____/____/____ Gender: Female ____ Male ____

Relationship to child: _____

I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, lab work, surgical and medical treatment, by authorized members of Express Urgent Care, as may in their professional judgment deem necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

In case of emergency I can be reached at: _____

Parent/Legal Guardian Signature: _____

Printed Name: _____

Date: ____/____/____ This authorization is effective for one year from date.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.