

Please complete this form if your minor child will be unaccompanied by a parent or legal guardian at the time of his or her appointment. This form is only valid for today's date of service and any follow up appointments needed related to today's visit.

I give the medical office at Fagadau, Hawk & Swanson M.D. my permission to treat my minor child \_\_\_\_\_ in my absence for the  
(Name) (Date of Birth)  
date of service \_\_\_\_\_.

Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_