North Central Indiana Medical Clinic, LLC.
112 S Main Street, Milford, IN 46542
Phone: (574) 832-6246 Fax: (574) 832-2001
ncimedical.com

PERMISSION FOR TREATMENT OF A MINOR

(child under 18 years of age)

Child's name _____Age_____Birthdate _____
First Middle Last

Address: _____

Home Phone No._____ Contact Phone No.for Parent/Guardian _____

Child's doctor _____ Medicines being taken by child _____

Child's allergies _____ Unusual medical problems if any _____

_____

I, _____, bearing the relationship of _____
Name of Parent or Guardian Relationship to Child

& having legal custody of _____, do authorize North Central Indiana
Child name

Medical Clinic, LLC. to provide medical care or surgical treatment in the NCI Medical Clinic from

_____ until such time as this consent is revoked in writing.
Today's Date

Signature of Parent or Guardian Date