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
Child's name First	Middle	Last		
Address:				
Home Phone No		Contact Phone N	No.for Parent/Gua	ırdian
Child's doctor		Medicines being	taken by child	
Child's allergies		_ Unusual medica	al problems if any	
I,Name of Parent or Guard	dian	_, bearing the rela	ationship of	Relationship to Child
& having legal custody of	 Child name		, do autho	orize North Central Indiana
Medical Clinic, LLC. to pro	ovide medical cai	re or surgical trea	tment in the NCI I	Medical Clinic from
Today's Date	until such ti	me as this conse	nt is revoked in wi	riting.
Signature of Parent or Gu	vordion			Date