



**Ptarmigan Connections**  
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## Permission to Treat a Minor without Parent/Guardian Present

The following form is designed for those situations where minors are unaccompanied by parents/legal guardians and/or if someone other than a parent/legal guardian will be accompanying the patient to appointments. Ptarmigan Connections must receive permission from a child's parent/legal guardian before providing treatment. This form gives us legal permission to treat your child in case you cannot or do not accompany him/her to the clinic for treatment.

- A parent/legal guardian must attend a minor's first visit
- This form is valid only for the dates listed below.

This "Permission to Treat a Minor without Parent/Guardian Present" gives authorization for the minor to arrive and leave their appointment without parents/legal guardians or the person listed below in place of a parent/legal guardian.

\_\_\_\_\_  
Custodian's Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Custodian's Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Phone Number

The minor will be responsible to take care of their co-pay and co-insurances at the time of service. If the parents/legal guardians would like to take care of the co-pay prior to, or at the time of the appointment, they may do so by calling Ptarmigan Connections.

Minor's Full Name \_\_\_\_\_

Minor's Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Minor's Age \_\_\_\_\_ Minor's DOB \_\_\_\_\_

\_\_\_\_ We/I are authoring the minor to seek and consent to treatment with no adult present or with the above listed custodian.

\_\_\_\_ We/I acknowledge that we are responsible for all reasonable charges in connection with the care and treatment rendered.

Dates for treatment: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Print Name \_\_\_\_\_

Address Parent or Guardian \_\_\_\_\_

Home and Work Phones of Parent or Guardian \_\_\_\_\_

Witness \_\_\_\_\_ Expiration date: \_\_\_\_\_