



Authorization to Treat Minor

Name of Child/Minor

Lake Oconee Urgent & Specialty Care

As the parent/guardian of the above-named child/minor, I hereby give permission to Lake Oconee Urgent & Specialty Care to treat the child/minor in the event that a medical issue arises and I am unable to personally consent to the treatment. I also agree to be responsible to the physician, clinic, lab and all other ancillary service providers for charges incurred relating to medical services rendered.

Parent or Guardian's Signature

Date