

**Glacier Ear, Nose & Throat Head and Neck
Surgery**

Glacier Hearing Services

This form must be completed prior to your arrival and faxed to the appropriate location provided at the bottom of the page

CONSENT FOR CARE AND TREATMENT OF A MINOR

YOU MUST ATTACH A PHOTOCOPY OF THE PARENT OR GUARDIAN'S DRIVER'S LICENSE TO THIS FORM.

I declare that I am the parent or legal guardian of _____ . I confirm that the representative _____ is a personal representative for all purposes relating to the minor child's or ward's protected health information. By my signature below, I do hereby consent to allow the representative to bring my dependent to GLACIER ENT for purposes of medical care and treatment.

Name of Minor

Name of Person accompanying Minor

I also understand that I am financially responsible for any co-payments due at the time of service, and that I am responsible for furnishing GLACIER ENT with all insurance necessary to secure payment for visits.

I agree to furnish GLACIER ENT a copy of any court order, custody plan, power of attorney, letters of guardianship or similar document if requested.

I understand that GLACIER ENT is not obligated to examine or treat the child until all documentation it requires has been satisfied regarding authorization for examination and treatment and responsibility for payment.

My representative shall be empowered by this delegation for a period of 12 months from the date of my signature.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date