

## Dear Parent:

Name of individual

As your Family Nurse Practitioners, we require written consent from you in order to provide primary health care your child(ren) in the event an emergency arises and you are not available. This consent form can be used in your absence to permit us to treat your child(ren).

If you would like to grant us this authorization, please fill out the form completely and it will be attached to your chart(s).

## Consent to Healthcare and Illness/Injury Treatment

consent to medical, surgical and child(ren) by the Practitioners o deemed necessary or advisable l	I/or hospital care, treatment and of the Lake Serene Clinic, when by the Practitioners in order to so or 1 (one) calendar year and sha	do hereby authorize and procedures to be performed for my I cannot be contacted and such care is safeguard the health of my child(ren). all include all rights of emergency or as my consent.
Signature of natural parent/legal guardian		
Signature of witness		
Additional individuals authorize health care for injury, illness or		child(ren) to the Lake Serene Clinic for
Name of individual		Parent's initials
Name of individual		Parent's initials

Parent's initials