



East Liberty Family Health Care Center

A CHRISTIAN MINISTRY OF
WHOLE PERSON HEALTH CARE

East Liberty Family Health Care Center

Parent/Legal Guardian Information for Minor Children

(complete one form per child)

Name of Minor: _____

Date of Birth: _____

Address: _____

Parent/Legal Guardian

Parent/Legal Guardian

Name:	Name:
DOB:	DOB:
Address same as patient (circle one) <i>Yes No</i>	Address same as patient (circle one) <i>Yes No</i>
If no, enter address below	If no, enter address below
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Phone Number:	Phone Number:

I, _____, am the Parent/Legal Guardian (if Legal Guardian, attach copy of court order) of the minor child listed above. There are no court orders now in effect that would prohibit the parents/legal guardians listed above from consenting to medical/dental treatment for the above minor child or appointing a personal representative for the child. It is the parents/legal guardians responsibly to notify East Liberty Family Health Care Center, if the above information changes.

Signature of Parent/Legal Guardian

Date