



Parental Consent for Medical Care

Child Name _____

Date of Birth _____ SSN _____

Address _____

The undersigned being the lawful parent[s] and/or guardian[s] of the above listed [Child] hereby consents to medical care by the staff at Rocky Mountain Ear Center, PC [RMEC] on _____ through _____ .

Health care provided at RMEC shall include but not be limited to the taking of pertinent history, head and neck examination, performance of microscopic ear examination and cleaning of the ear canal, diagnostic testing, and other procedures as deemed necessary.

If there is no medical emergency and more complex procedures are required, the staff at RMEC will first use reasonable efforts to contact the parent[s] and/or guardian[s] before administering more complex treatment.

This consent form may be revoked at any time before the expiration date with written notice to RMEC.

Signed on _____ [date] at _____ [city] _____ [state]

Signature _____ parent/guardian

Signature _____ parent/guardian