cid:image001.png@01D4BC94.287BCA10

OCCUPATIONAL HEALTH

[Cheslea Creek Building]

1501 4th ST SW

Mason City, IA. 50401

Phone: (641)428-5244

Fax: (641)428-5765

**Consent to Treat Minor Patient**

The general rule in many jurisdictions, Iowa included, is that a minor patient, a patient under 18 years of age, the age of majority, is not competent to consent to the provision of health care services. Accordingly, in order for a health care provider to render health care services to a minor patient, the consent of the minor patient’s parent or legal guardian must be obtained. Be aware that our facility 'does' require parental consent of a minor, to partake in pre-employment screenings: such as, but not limited to, drug screen testing.

Below is consent, for said minor applicant, to be complete by parent or legal guardian. This form may be present at the time of the appointment, with or without the guardian present in the clinic. We appreciate your understanding and cooperation, and as always thank you for choosing MercyOne Occupational Health for your employment needs.

**CONSENT FOR MINOR 'DONOR'**

By signing below: I the parent, or person responsible, of the undersigned minor patient, understand and do hereby voluntarily acknowledge and consent to employment testing and treatment to such medical services by MercyOne Occupational Health; requested by the scheduling company/employer representative for employment screenings and treatment purposes.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name (seeking services) printed Date of Birth

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name Printed Phone Number

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature Date