

Emergency & Minor Consent Form

Emergency Contacts

Name _____ Phone # _____

Relationship _____

Name _____ Phone # _____

Relationship _____

Consent to Treat a Minor

If parents or legal guardian are unable to bring minor to his/her appointment you may authorize any other person over the age of 18 to bring them. By signing this form I authorize Inner City Health Center to treat and administer medications, vaccines or any other procedure my son or daughter may need. The following people have my permission to bring them.

Name _____

Relationship to minor _____

Name _____

Relationship to minor _____

Name _____

Relationship to minor _____

Guardian Signature _____

Printed Name _____

Mission Statement

Inner City Health Center is a Christ centered healthcare home for underserved individuals where consistent, high quality treatment is provided in an atmosphere of genuine respect. We express our love for Jesus Christ and our compassion for those in need through our deep concern for their physical, emotional and spiritual well-being.