



Greeley Med Care  
Phone: 970.351.8282 Fax: 970.356.5699  
2928 W. 10<sup>TH</sup> Street Greeley, CO 80634

## CONTACT IN CASE OF EMERGENCY

Emergency  
Contact  
Name \_\_\_\_\_

City State

Day Phone\_( )\_\_\_\_\_ Evening Phone\_( )\_\_\_\_\_

## CONSENT FOR TREATMENT OF MINOR

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient DOB

I hereby give consent to treat \_\_\_\_\_ for routine medical problems, recommended immunizations, and minor emergencies. In the event the above named minor does not meet the immunization requirement to attend school or daycare, I hereby give consent for immunization to be administered as needed to meet the requirement. I further understand that costs or fees are my responsibility.

I understand that this authorization is valid until the time in which the minor identified above reaches his\her eighteenth birthday.

\_\_\_\_\_  
Signature of Parent\Guardian of Minor

\_\_\_\_\_  
Date