Brian McCormick, MD
Samuel Jones, Jr., MD
Jennifer McCord, MD
Bobbie Sperry, MD
Amy Campbell, MD
Yu Kwan Chan, MD

Sharon Upright, FNP-BC
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Jezeriah Cook, PA-C
Jennifer Chandler, PA-C

HAMPTON FAMILY PRACTICE

Treating You Like Family

9 Manhattan Square
Suite A
Hampton, VA 23666
Phone: (757) 838-6335
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Consent for Treatment of Minor Child

Patient Name: _____ DOB: _____

I, being the parent or guardian of _____, ask and allow Hampton Family Practice and his/her staff to do necessary health services for my child when I am not present.

Below is a list of people who are permitted to bring my child in for services and consent for treatment if required when I am not present:

Name	Relationship

When your child can drive, you may want them to transport themselves to and from their office visits without an authorized adult**. Do you consent for Hampton Family Practice to provide health services and treatment without any authorized adult present? YES NO**

Initials

This consent will remain in effect until revoked in writing or the minor ages to an adult.

_____ _____
Signature of Parent or Guardian Date

_____ _____
Printed Name of Parent or Guardian Date

_____ _____
Witness Date