



## QuickCare Urgent Care Authorization to Treat Minor with an adult other than Parent/Guardian

\_\_\_\_\_  
Name of Child/Minor

\_\_\_\_\_  
Date of Birth

QuickCare Urgent Care APRN-CNP, LLC

Name of Clinic

I hereby authorize \_\_\_\_\_ to seek medical attention for the above-named child/minor in the event that a medical issue arises and I am unable to personally consent to the treatment. This person must be 18 years of age or older and stay with the minor at all times. I also agree to be responsible to the physician, clinic, lab and all other ancillary service providers for charges incurred relating to medical services rendered. This authorization is valid until further notice to QuickCare Urgent Care regarding the above-named child/minor.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribe and sworn to (or affirmed) before  
me on this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_ by \_\_\_\_\_  
proved to me on the basis of satisfactory  
evidence to be the person(s) who appeared  
before me.

**Instructions: Please fill out the  
above form and bring it prior to the  
visit with a valid ID or have it  
notarized and bring it to the visit**



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