

Sample Parental Consent Form*

Minor Patient (print name): _____

Physician/Practitioner (print name): _____

Parent Executing this Consent (print name): _____

In connection with the medical services that I am receiving from (INSERT PRACTICE NAME) and its medical staff, I, in accordance with Florida Statute 1014.06**, hereby consent to (INSERT PRACTICE NAME), the above-named practitioner, and their respective agents to provide or arrange to provide health care services or prescribe medicinal drugs to the above minor child.

This consent is valid from the date executed below until revoked, in writing, by the patient's parent or upon the patient obtaining their majority (18 years of age).

Parent Signature: _____

Date: _____

Witness (print): _____ Witness Signature: _____

**HB 241 Parent's Bill of Rights (July 1, 2021) states that a physician or healthcare provider "may not provide or solicit or arrange or arrange to provide health care services or prescribe medicinal drugs to a minor child without first obtaining written parental consent."*

***F.S. 1014.06 keeps in place F.S. 743.0645, which allows the physician or healthcare provider to obtain consent for necessary medical treatment, when a parent cannot be located, from (in order): a health care surrogate, a step-parent, a grandparent, and adult sibling, or an adult aunt or uncle.*