



First Priority Medical Clinic
2514 E 15th St, Ste A
Tulsa, Oklahoma 74104

918-398-9663

fax 866-573-0793

CONSENT FOR TREATMENT OF A MINOR

(as of 01/01/2021)

MINORS AGE 15 and under:

For First Priority Medical Clinic to treat a minor age 15 and under, we must have

- Written consent from the parent or legal guardian and
- An adult must accompany the patient during the visit.

A Consent form must be signed for each visit.

I, _____, authorize First Priority Medical Clinic to treat
_____, my minor child on ____/____/_____.

Nature of the medical treatment to be given:

Signed: _____

Date: _____

FOR MINORS AGES 16 AND 17:

For First Priority Medical Clinic to treat a minor age 16 or 17, we must have

- written consent from the parent or legal guardian

A Consent form must be signed for each visit.

I, _____, authorize First Priority Medical Clinic to treat
_____, my minor child on ____/____/_____.

Signed: _____

Date: _____

IMMUNIZATIONS AND SURGICAL PROCEDURES

All minors must be accompanied by their parent or legal guardian, in order to provide immunizations. Consent forms must be signed by the parent or legal guardian.