



UNITED COMMUNITY HEALTH CENTER, INC.

**Authorization to Consent to Treatment of a
Minor when Legal Guardian and/or Parent(s)
is/are Unable to Bring Patient**

AMADO CLINIC
28720 S. NOGALES HIGHWAY
AMADO, AZ 85645
OFFICE - 520-407-5510
FAX - 520-407-5990

ARIVACA CLINIC
17388 W. 3RD. STREET
ARIVACA, AZ 85601
OFFICE - 520-407-5500
FAX - 520-407-5990

CONTINENTAL PEDIATRICS CLINIC
1260 S. CAMPBELL ROAD
GREEN VALLEY, AZ 85614
OFFICE - 520-407-5800
FAX - 520-407-5990

CONTINENTAL FAMILY MEDICAL CENTER
1260 S. CAMPBELL ROAD
GREEN VALLEY, AZ 85614
OFFICE - 520-407-5900
FAX - 520-407-5990

PRESIDIO POINTE CLINIC
275 W. CONTINENTAL ROAD, SUITE 141
GREEN VALLEY, AZ 85622
OFFICE - 520-407-5400
FAX - 520-407-5990

SAHUARITA HEIGHTS CLINIC
2875 E. SAHUARITA RD.
SAHUARITA, AZ 85629
OFFICE - 520-576-5770
FAX - 5200-407-5990

THREE POINTS CLINIC
15921 W. AJO WAY
TUCSON, AZ 85735
OFFICE - 520-407-5700
FAX - 520-407-5990

UNITED COMMUNITY HEALTH CENTER
81 W. ESPERANZA BLVD., SUITE 201
GREEN VALLEY, AZ 85614
OFFICE - 520-407-5600
FAX - 520-625-8504

Please Print or Type Name

I, _____, parent or guardian of
_____, a minor, do hereby
authorize the following name(s); (example: name of friend, grandparent, aunt, uncle,
neighbor, etc.)

a. _____

b. _____

c. _____

as my agent(s) to consent to any medical evaluation and/or treatment, immunizations, X-ray examination, anesthesia, surgery evaluation and/or treatment, diagnosis or care which is deemed advisable by and is to be rendered under, the general or special supervision of a licensed physician. This authorization includes hospital admission if such is deemed necessary by the physician. It is understood that this authorization is given to provide authority and power on the part of my aforesaid agent(s) to give specific consent to any and all such evaluation, diagnosis, office treatment, anesthetic administration or surgical treatment(s) which a physician, in the exercise of his/her best judgement, may deem advisable.

This authorization shall remain effective from ____/____/____ to

____/____/____, unless sooner revoked in writing delivered to said agent(s).

____/____/____

Date

Signature of parent, guardian, or other legal representative