

# West Hills Healthcare Clinic

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## Family Medicine

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## Medical Consent Form for Minor Children

A signed Medical Consent Form is required when a child of 14 years or younger is in need of medical care and the child is accompanied by an adult who is NOT the child's parent or legal guardian.

I, \_\_\_\_\_, hereby authorize  
(Printed name of **Parent or Legal Guardian**)

\_\_\_\_\_ to bring my minor child  
(Name of **person bringing patient** to appointment)

\_\_\_\_\_ DOB \_\_\_\_\_  
(Printed **name of minor child and date of birth**)

to West Hills Healthcare Clinic for the purpose of: (Please **initial each item** you are authorizing)

\_\_\_\_ General office visit and treatment

\_\_\_\_ Immunizations and/or injections (including possible antibiotic injection)

\_\_\_\_ Labs deemed necessary by your child's provider (which may or may not require a blood draw)

\_\_\_\_ Procedures (Such as wart removal, ingrown toenail procedure, etc)

Current Medications: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) Date: \_\_\_\_\_

Best contact phone number for parent/legal guardian: ( ) \_\_\_\_\_ - \_\_\_\_\_

Expires in one year or: \_\_\_\_\_