



Spirit Lake Health Center

Business Office

Consent form

3883 74th Ave NE Po Box 309 Fort Totten, ND 58335 701.766.1600

Consent of patient/legal guardian/other person who has primary responsibility for the care of the child.

Name of the patient/minor
child:

Date of birth of patient/
minor child:

Chart #:

I _____ have read the consent form for the Spirit Lake Health Center to arrange for or to provide the following health services for this child.

_____ Health care including medical examinations; medical care and/or treatment, routine labs, x-ray procedures and skin tests.

_____ Dental care including dental exams, preventive care of fluorides and necessary emergency dental care.

_____ Mental health services including evaluation and treatment if necessary.

_____ Emergency health care for accidents or illness.

_____ Transportation of the child to and/or from another facility for these services.

_____ I hereby give authorization for one of the following individuals to act in my/our behalf in authorizing medical or dental care. not to exceed 1 year from the date below.

1. _____ 2. _____

3. _____ 4. _____

Name of parent/legal guardian(please print) _____

Parent/legal guardian's signature _____ Date _____

Relationship _____ Telephone number _____

Address: _____

Witness Signature: _____ Date: _____

Witness Signature: _____ Date: _____

