



Manuel Delarosa, MD
Wanda Diaz, MD

Authorization to Treat a Minor

I/we _____, the Legal Guardian(s) of (minor child's name) _____, born on ___/___/____, hereby authorize _____(person accompanying minor) to bring said child to be evaluated and treated at WellFast Urgent Care and to act as my/our agent at this clinic.

Please keep this authorization on file until I/we notify you of a change in status.

PLEASE NOTE: This authorization is only valid when verified with a photo ID of the legal guardian.

Print Legal Guardian Name

Signature of Legal Guardian

Date

WFUCC Staff Member

Date