

Authorization to Treat a Minor

I/we	, the Legal Guardian(s) of (mino
child's name)	, born on//, hereby
authorize	(person accompanying
minor) to bring said child to be evaluated	and treated at Well <i>Fast</i> Urgent Care and
to act as my/our agent at this clinic.	
Please keep this authorization on file unti	il I/we notify you of a change in status.
PLEASE NOTE: This authorization photo ID of the legal guardian.	is only valid when verified with a
Print Legal Guardian Name	_
Signature of Legal Guardian	Date
WFUCC Staff Member	Date