

Queenan Family Medicine and Maternity Care

Emily Queenan, MD

"Mindful Medicine for whole body, mind, and spirit"

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Consent for Treatment of Child/Minor

I affirm that I am the parent, guardian, or personal representative of _____
_____, and there are not court orders now in effect that
prohibit me from signing this consent.

I do hereby request and authorize Dr. Emily Queenan to perform necessary services detailed
below (please check all applicable) which are deemed advisable by the doctor for the child/minor
named above, whether or not I am present when the services are rendered.

- Medical advice regarding diagnosis and treatment
- Prescription medication
- Laboratory evaluation for diagnosis
- Radiology evaluation (x-rays, ultrasound, etc) for diagnosis
- Vaccinations

Please sign here

Please print here _____