



1103 Broadway Street
Suite 102
Alexandria, MN 56308

Consent to Treat Minor Child
(Parent/Guardian Authorization)

A minor is defined as any student/patient who is under the age of 18. Exceptions to this are made in circumstances in which the Minnesota state law allows minors to seek certain healthcare services without parental consent.

PATIENT INFORMATION:

Name _____
First Middle Initial Last

Birthdate _____ Phone # _____
Month/Day/Year

Local Address _____

City _____ State _____ Zip _____

PARENT/GUARDIAN COMPLETE THE FOLLOWING:

I grant WELL & Co health care providers and other health care staff permission to provide routine primary care for my child should medical attention be necessary while my child is in rolled at Kalon Prep Academy. I further give health care staff permission to contact my child's primary health care provider regarding past medical and medication history, if necessary.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or medical care being required. The authorization shall remain effective from the date stated below, until the minor child reaches his/her 18th birthday, unless sooner revoked by written notice delivered to WELL & Co.

Effective Date _____ Patient/student's 18th birthday _____
Month/Day/Year Month/Day/Year

Parent/Guardian _____
Print name Relationship to student

Parent/Guardian _____
Signature Date

Local Address _____ Phone # _____

City _____ State _____ Zip _____

Parent Email _____

PLEASE RETURN DOCUMENT TO:

WELL & Company
1103 Broadway St, Suite 102
Alexandria, MN 56308
Fax: 320-674-1610

WELL & Company does not discriminate on the basis of age, color, disability, gender expression/identity, genetic information, marital status, national origin, public assistance, race, religion, sex, sexual orientation, or status as a U.S. veteran.

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Be WELL

Stay WELL

WellAndCoAlex.com

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