RAPHAEL B. STRICKER, M.D.
MELISSA C. FESLER, FNP-BC
UNION SQUARE MEDICAL ASSOCIATES
450 SUTTER STREET
SUITE 1504
SAN FRANCISCO, CALIFORNIA 94108

415.399.1035 phone 415.399.1057 facsimile

Medical Treatment Authorization for a Minor Child

Minor Child:
Full Legal Name:
____

Date of Birth: ____________________________ Age: ____________ Gender: ____________

Parent(s)/Legal Guardian(s):

Parent #1:
Name:
____
Address:
____
Home phone: ____________________________ Work phone: ____________________________
Cell phone: ______________________________ Email: ________________________________

Parent #2:
Name:
____
Address:
____
Home phone: ____________________________ Work phone: ____________________________
Cell phone: ______________________________ Email: ________________________________

Alternate contact in the event Parent(s)/Legal Guardian(s) cannot be reached:
Name:
____
Address:
____
Home phone: ____________________________ Work phone: ____________________________
Cell phone: ______________________________ Email: ________________________________

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

By signing this document, we hereby confirm that we have shared legal custody of the aforementioned minor child. If legal custody is not shared, the undersigned parent confirms that he/she alone has the legal authority to make medical decisions for the minor child based on court orders provided to Union Square Medical Associates.

This signed document provides authorization and consent for Raphael B. Stricker, M.D. and Melissa C. Fesler, FNP-BC to treat and manage the minor child's tickborne disease and any complications that may develop during the course of treatment.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority to the above mentioned medical practitioners to exercise their best judgment in treatment of the minor child.

This authorization is effective commencing on the first date of the minor's appointment with USMA.

____________________________________ ____________________
Parent #1's Signature Date

____________________________________ ____________________
Parent #2's Signature Date

____________________________________ ____________________
Witness Signature Date

RV:11/28/2017
MCF