

63 Haywood Park Drive, Clyde, NC 28721
(828) 627-1234 (office)



Parental Verbal Consent for Health Care Evaluation of Minor

Full legal name of minor: _____

Minor's date of birth: _____ Last 4 digits of the minor's Social Security number: _____

Person completing form: _____

Date of consent: _____

Parent/Guardian Name: _____ was unavailable this day to be present for their child's health care evaluation. The parent was able to provide two forms of identification for the above minor by telephone as listed below and has authorized health care evaluation of this child, with the understanding that in order to provide treatment of the minor we would require an "Authorization to Consent for Health Care Minor" (NC Statutory Form 32A) to be signed and notarized.

Verbal consent was obtained via phone call for the minor child to be evaluated and treated.

Witness: _____ **Date:** _____

Witness: _____ **Date:** _____

(Minor or person accompanying minor)

Revised 6/8/2023