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Parental verbal consent for health care evaluation of minor

Full Legal Name of Minor: _____

Date of consent: _____

Person completing form: _____

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 for the child we would require a "Authorization to consent to Health Care for Minor" (NC Statutory Form 32A) to be signed and notarized.

Date of Birth: _____

Last 4 digits of the child's Social Security number: _____

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

Witness: _____ Date: _____

Witness: _____ Date: _____
(child or person accompanying child)