

E.C.O Health Center

1587 Kinney Ave Cincinnati, Ohio 45231

513635-2616/513-672-2043F

CONSENT FOR TREATMENT OF A MINORS AGE 15 and under: For E.C.O Health Center to treat a minor age 15 and under, we must have • written consent from the parent or legal guardian and • an adult must accompany the patient during the visit. A Consent form must be signed for each visit. I,

_____, authorize E.C.O Health Center to treat

_____, my minor child on ____/____/____. Nature of the medical treatment to be given:

Signed: _____ Date: _____

FOR MINORS

AGES 16 AND 17: For ECO Health Care Center Inc. to treat a minor age 16 or 17, we must have • written consent from the parent or legal guardian A Consent form must be signed for each visit. I,

_____, authorize ECO health Care Center Inc. to treat

_____, my minor child on ____/____/____. Signed:

_____ Date: _____

IMMUNIZATIONS AND MINOR SURGICAL PROCEDURES all minors must be accompanied by their parent or legal guardian, in order to provide immunizations and/or surgical procedures. Consent forms must be signed by the parent or legal guardian.