



Paul Bagnulo MD
Ann Begert MD
Martha S Bennett MD
Robert Bettis MD
Ginger Blakeney MD
Sandra Borg MD
Ross Carey MD

Stephen Carter MD
Mark Hanson MD
Rachel Hollister MD
Myra Horiuchi MD
Mary Jo Kintner MD
Donald Moe MD
Joseph Petrin MD

Martin Proudfoot MD
Susanne Quistgaard MD
Christopher Sargent MD
Jae Sim MD
David Taibleson MD
Donald Tesch MD
Andrew Thurman MD

Mary Ellen Tolberg MD
Daniel Weakly MD
Shawn West MD
Angela Yue MD
Kelly Yukevich ARNP
Marcy Shimada CEO

Consent to Medical Care and Treatment of Minor Children

I, _____, the natural parent/ legal guardian of: _____, authorize and consent to have the following medical care delivered in my absence at Edmonds Family Medicine Clinic.

• Allergy injections	<input type="checkbox"/>	• Suture removal	<input type="checkbox"/>
• Emergent care (sutures, casts, etc.)	<input type="checkbox"/>	• Medication Administration	<input type="checkbox"/>
• F/U care e.g.: my son or daughter may be seen without me for routine care and follow up appointments	<input type="checkbox"/>	• Immunizations	<input type="checkbox"/>
• School and/or sports	X	• X-rays	<input type="checkbox"/>
		• Laboratory studies	<input type="checkbox"/>

I hereby agree to accept responsibility for any financial indebtedness incurred, at the physicians' office. I agree to pay all necessary services at the current rate.

Child's Name: _____ (print)

Parent/Guardian: _____ (signature)

Witness: _____ (signature)

Date effective: _____ Date expired: _____

7315 212th St. S.W. | Suite 101 & 207 | Edmonds, WA 98026
Phone: (425) 775-9474
Suite 101 Fax: (425) 670-3554
Suite 207 Fax: (425) 670-3558

Board Certified American Board of Family Medicine

Walk-in-Clinic Hours:
Monday—Friday 9am-8pm
Saturday & Sunday 9am-4pm
www.psfp.net

Member of Puget Sound Family Physicians

Empowering people to lead healthier lives