KONZA PRAIRIE Community Health & Dental Center

Junction City Medical
361 Grant Avenue
Junction City, KS 66441
Ph: 785.238.4711
Fax: 866.309.8893

Junction City Dental
361 Grant Avenue
Junction City, KS 66441
Ph: 785.238.1829
Fax: 877.671.5661

Manhattan Medical
2030 Tecumseh Rd.
Manhattan, KS, 66502
Ph: 785.320.7134
Fax: 866.807.7393

Manhattan Dental
2030 Tecumseh Rd.
Manhattan, KS, 66502
Ph: 785.320.7134
Fax: 866.534.5933

MINOR / CHILD CONSENT

I, _____, am the parent, guardian, or personal representative of:

_____ _____
Child's Name Child's Date of Birth

There are no court orders that prohibit me from signing this consent. I do hereby request and authorize the healthcare provider and practice staff to perform the necessary services for the child named above, including (but not limited to) labs and treatment, which are deemed advisable by the healthcare provider and practice staff. I will assume full responsibility for payment of services rendered. In my absence, I hereby authorize the following persons to act on my behalf:

☐ Above Child

☐ Grandparent _____ Phone Number: _____

☐ Aunt or Uncle _____ Phone Number: _____

☐ Friend _____ Phone Number: _____

☐ Other _____ Phone Number: _____

_____ _____
Signature of parent, guardian, or personal representative Date

_____
Print name of parent, guardian, or personal representative

This form is good for one (1) year from the date above. It will need to be updated yearly unless the names listed change. If anyone other than a parent or someone on the list brings a patient in without an updated form on file the parent will need to reschedule the appointment until an appropriate person may bring the child in for treatment.