



# Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901  
Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-7558

Date: \_\_\_\_\_

I \_\_\_\_\_ Parent/Legal Guardian (circle one)

of \_\_\_\_\_ consent to having my child assessed  
and/or treated for services at Summit County Public Health without my being present.

The following individuals are permitted to bring my child in for services:

1. \_\_\_\_\_  
Name Relationship
2. \_\_\_\_\_  
Name Relationship
3. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Copy of Drivers License/State Issued ID confirmed and placed in minor child's clinic  
chart: Yes No (circle one) \_\_\_\_\_

Initials of clinic staff

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_