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## PARENT CONSENT FORM\*

(FOR MINORS, UNDER 18, OBTAINING A NEXTCARE PHYSICAL WITHOUT A PARENT PRESENT)

Date of Physical Exam: \_\_\_\_\_

Minor's Printed Name: \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, the parent or legal guardian of minor/patient  
*(Printed Name of Parent/Legal Guardian)*

\_\_\_\_\_, grant NextCare Urgent Care permission to perform  
*(Printed Name of Minor/Patient)*

a routine school/sports physical exam on \_\_\_\_\_.  
*(Printed Name of Minor/Patient)*

I have provided the minor with a photocopy of my driver's license (or other form of photo ID with signature) along with this signed consent form and understand that a physical exam cannot be provided to the minor without receiving these two required documents. I understand that paperwork will be sent home with the minor and that it is my responsibility to arrange follow-up care if deemed necessary.

**PLEASE NOTE** – Payment due upon service. A parent must be present with minor during a standard visit or exam at all other times.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

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\*NextCare Urgent Care cannot be held responsible for any legal issues that may arise due to the forgery of this document. To obtain another copy of this form, please call 1-800-NEXTCARE or go online to [www.nextcare.com](http://www.nextcare.com).

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