

CONSENT FOR A MEDICAL APPOINTMENT FOR A MINOR PATIENT

Patient's full name:

PESEL number: Date of birth*:

ID document type and number (if applicable):

Name and surname of the legal guardian or actual caregiver:

Before signing the statement, please provide information about the Patient's health condition:

Does the patient suffer from epilepsy, diabetes, thromboembolic diseases, allergies, or other medical conditions?

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Other important health information about the Patient:

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Additional remarks:

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Statement of consent:

I, the undersigned**, HEREBY GIVE CONSENT for a medical appointment of the minor patient with a physician.

I hereby consent to:

- ☐ gynecological examination
- ☐ prescription of contraceptive medication
- ☐ gynecological consultation
- ☐ other examination, specify:
- ☐ contraceptive counselling
- ☐ other consultation, specify:

(Date and legible signature of the legal guardian / actual caregiver**)

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(Date and legible signature of the Patient, if aged 16 or older)

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Notes:

* to be completed if the patient does not have a PESEL number

** delete as appropriate