

## Consent of Legal Representative of a Minor Patient

### Patient Details

First name and surname \_\_\_\_\_

Date of birth (ID No.) \_\_\_\_\_

Address \_\_\_\_\_

Allergies \_\_\_\_\_

### Legal Representative (Parent) Details

First name and surname \_\_\_\_\_

Date of birth (ID No.) \_\_\_\_\_

Address \_\_\_\_\_

Contact email and phone \_\_\_\_\_

As the legal representative of the above-mentioned minor patient aged fifteen years or older, I hereby grant consent in accordance with Section 35 of Act No. 372/2011 Coll., on Healthcare Services, for the registered healthcare provider listed below to provide healthcare services to the minor patient in the field of

\_\_\_\_\_  
(state the specialty/type/scope of service you are consenting to, e.g. blood draw, surgical treatment, repeated follow-up visit with a doctor) without further consent being sought from the legal representatives.

Granting this consent does not affect the right of the legal representative (parent) to information about the minor patient's health status, information about healthcare services provided, or any other rights provided by law.

This consent may be revoked at any time in the future by the legal representative, either in person or in writing.

In Prague on \_\_\_\_\_

Signature of legal representative

I confirm receipt of consent and file it in the medical records of the minor patient.

In Prague on \_\_\_\_\_

Signature of doctor/physiotherapist