

CONSENT OF THE LEGAL REPRESENTATIVE FOR AN INDEPENDENT MEDICAL VISIT OF A MINOR PATIENT (OVER 16 YEARS OF AGE)

1. I, _____

(Name and surname of the legal guardian/legal representative)

the undersigned, holding: _____ series: _____ no.: _____,

(Type of identification document)

with PESEL number: _____,

residing at: _____,

contact telephone number: _____,

declare that I am the legal guardian – parent/legal representative*:

(Name and surname of the minor patient)

date of birth: _____, PESEL number: _____.

2. As the legal representative/legal guardian: _____,

Patient's full name (minor)

I hereby consent to a one-time medical visit without my presence on: _____

of my _____ with _____

[son/daughter/ward, etc.]

Doctor's full name or specialization

for the purpose of a medical examination, the provision of healthcare services, and the communication of recommendations and information.*

3. I also undertake to cover all costs associated with this medical visit, including the medical examination or the provision of the indicated medical service.

(Place, date)

(Signature of the person making the declaration)

*Delete as applicable