

NP Hagans Walk-In Clinic
9135 Piscataway Road Suite #320
Clinton, MD 20735
240-412-5093

Parental Permission to Treat a Minor

Date: _____

I _____, the parent or legal guardian of
_____(child's name) grant permission to the provider Cherise
Hagans, CRNP at NP Hagans Walk-In Clinic to screen, diagnose, and treat
_____(child's name) without my physical presence at the clinic.

Furthermore, I attest that the history and physical form has been completed to the best of my
knowledge and signed.

Thank You,

Parent Printed Name

Parent Signature