



**Santa Ynez Tribal Health Clinic**  
good health for all people

90 Via Juana Lane  
Santa Ynez, CA, 93460  
p: (805) 688-7070  
f: (805) 686-2060  
www.sythc.org

## ABSENT PARENTAL CONSENT

I, \_\_\_\_\_,  
(Print Name)

the legal  parent;  guardian;  other (specify): \_\_\_\_\_,

of \_\_\_\_\_,  
(Print Name of Minor)

hereby give my permission for \_\_\_\_\_,  
(Print Name of Authorized Representative)

to seek and obtain medical attention for the above named minor in my absence.

I hereby release the Santa Ynez Tribal Health Clinic, its staff, and its agents from any and all harm which may result from this treatment.

This permission shall remain in effect until such time as I issue a written revocation.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date