**Consent to Treat**

I (or my legal guardian) authorize South Shore Primary and Urgent Care, LLC to provide medical care reasonable by today’s standards.

Signature of Patient/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_