

Parent / Guardian Permission-to-Treat Form

For patients under 18. This form authorizes a licensed SimpleFixRx physician to conduct a telehealth consultation and prescribe treatment for the named minor patient. It must be signed in the presence of a notary public and returned to support@simplefixrx.com before the first visit. This form is not required for the Morning-After Pill, which has no age restriction.

Minor Patient Information

Full legal name

Date of birth

Sex assigned at birth

Home address

City / State / ZIP

Parent / Legal Guardian Information

Full legal name

Relationship to patient

Date of birth

Phone number

Email address

Authorization

I certify that I am the parent or legal guardian of the minor patient named above and have the legal authority to consent to their medical care. I authorize licensed physicians affiliated with SimpleFixRx (Evolving Medical Integration SVSC, LLC DBA SimpleFix) to conduct a telehealth consultation with my child, review their health history, and prescribe treatment as medically appropriate. I understand I may be present for the visit by video call in place of submitting this form, and that I can ask questions, decline treatment, or request a different provider at any time.

Parent / Guardian signature

Date

Notarization

State of _____ County of _____

On this ____ day of _____, 20____, before me personally appeared the parent/guardian named above, known to me (or proved on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that they executed it for the purposes stated.

Notary Public signature

Commission expires

[Notary seal / stamp]

Return this completed, notarized form to support@simplefixrx.com before the scheduled consult, or bring the parent/guardian onto the visit's video call instead. Evolving Medical Integration SVSC, LLC DBA SimpleFix · 6160 Warren Parkway Ste 100, Frisco, TX 75034 · This form is provided for convenience and does not constitute legal advice; consult a licensed professional regarding state-specific notarization or minor-consent requirements.