



# HOT SPRINGS HEALTH PROGRAM

Mail or Fax all Correspondence to:  
590 Medical Park Drive  
P.O. Box 69  
Marshall, NC 28753  
P: (828) 649-9566  
F: (828) 649-2780

MARS HILL  
MEDICAL CENTER  
119 Mountain View Road  
Mars Hill, NC 28754  
P: (828) 689-3507  
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MASHBURN  
MEDICAL CENTER  
590 Medical Park Drive  
Marshall NC, 28753  
P: (828) 649-3500  
F: (828) 649-2780

HOT SPRINGS  
MEDICAL CENTER  
65 NW US 25/70 HIGHWAY  
Hot Springs, NC 28743  
P: (828) 622-3245  
F: (828) 649-2780

LAUREL  
MEDICAL CENTER  
80 Guntersville Road  
Marshall, NC 28753  
P: (828) 686-2611  
F: (828) 649-2780

## Consent for Treatment of Minor Child

Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, being the parent or guardian of \_\_\_\_\_, ask and allow the Providers of the Hot Springs Health Program and their staff to do necessary health services for my child, even if I am not present.

Below is a list of people who are allowed to bring my child in for treatment:


\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date