



BUDAI EGÉSZSÉGKÖZPONT

Biztonság és szakértelem

CONSENT TO MEDICAL CARE FOR CHILDREN

I, the undersigned

Name:
Address:.....
Place and date of birth:
Mother's name:
Phone number:.....
E-mail address:.....

as the parent and legal representative of the below described minor

Name:
Address:.....
Place and date of birth:
Mother's name:
SSN:.....

hereby consent by my signature to **any private medical care and treatment for my above mentioned underaged child**, provided by the Buda Health Center (Budai Egészségközpont Zrt., 1126 Budapest, Királyhágó u. 1-3., Reg.Nr.: 01-10-141707.) as licensed healthcare provider (hereinafter „**Budai Egészségközpont**”).

This consent and authorization is effective from the date of signature and

valid until recalled

or

valid for healthcare service only.

I hereby take notice that I must give my written consent in person before any invasive medical interventions. I hereby declare that I was fully informed about the expected expenses of the medical service, and I understood that. Should my child not pay for the medical services on the site, I'm committed to pay all the expenses at my own charge within the deadline on the invoice.

I hereby declare that I was informed on the privacy policy of **Budai Egészségközpont, which is available both at the web page of Budai Egészségközpont (<https://www.bhc.hu>) and at any venue, where Budai Egészségközpont provides medical services.** I understood that taking over of the medical documents of my child must be done according to the enclosed Data Verification Sheet.

Date:

Signature:

In our presence as witnesses:

Name / Address / Signature

Name / Address / Signature

BUDAI EGÉSZSÉGKÖZPONT ZRT.

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Superbrands

