

Consent and Authorization for Minors

If a minor is brought in to ABC Pediatric Clinic by someone other than the birth parent / custodial parent or legal guardian, the minor child must be accompanied by a note ("Authorization"). Authorization must include the date when it was written, name of the patient, name of the person bringing the child, what the child is being seen for, the birth / custodial parent or legal guardian's signature, copy of the birth / custodial parent or legal guardian's photo I.D., and a telephone number where the birth / custodial parent or legal guardian can be reached.

I, _____, (Circle your relationship to the patient: parent/legal guardian/grandparent)
PRINT YOUR NAME

give consent for the individual identified below to bring the minor child to the ABC Pediatric Clinic for medical treatment. I hereby authorize the ABC Pediatric physicians and other personnel, to render medical care to my minor child in accordance with the Authorization without obtaining additional consent from me.

_____/_____/_____
PRINT FULL NAME OF MINOR CHILD (patient) and DATE OF BIRTH (patient)

Print Name of person bringing minor in for appointment and Relationship to minor

(_____)_____
Phone number where parent/legal guardian can be reached

This consent is for (choose one):

1. Single time only. Date: ____/____/____
2. Specific period of time. From ____/____/____ to _____
3. Indefinite period of time. From ____/____/____ until revoked by me in writing.

Signature of Parent or Legal Guardian

Date

Please do not forget to include a copy of your photo I.D. with this request.