# Consent to Treat Patient – Without Parent/ Legal Guardian Present

**AUTHORIZATION:**

I am the legal guardian of the child listed below and have the legal right to preauthorize The Pediatric Group and its personnel to deliver routine medical treatment and services to my child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, routine immunizations, injections (including allergy injections), x-rays, lab work (examples: throat or nasal swabs, blood draws, urine catheterizations), rehab services, wart treatment with liquid nitrogen, minor burns, minor suturing of lacerations.

I _____ request and authorize The Pediatric Group and its personnel to deliver routine medical care to my child listed below as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I acknowledge that I am responsible for all charges in connection with care and treatment rendered during this time.

Child's Name: _____ DOB: _____
Allergies: _____
Current Medications: _____
Chronic Conditions: _____

**Immunizations** are given and all will be updated according to recommendations by the Center for Disease Control (CDC.GOV). I agree to give my authorization for the person I have listed below to act on my behalf in receiving Vaccination Information Sheets, (VIS) and giving this approval for vaccines.

_____ **YES (This person may provide approval for vaccinations)**
_____ **NO (This person may not provide approval for vaccinations and receive the VIS on my behalf)**

**LIMITATIONS:**

Identify any specific limitations on the kinds of medical services for which this authorization is given. (If none, state "none".)

_____

**Parental contact information for questions regarding treatment of the child:**

Parent's name: _____
Phone info: (c) _____ (h)_____(w)_____
Address: _____City_____State_____Zip_____

I hereby authorize (print) _____ to bring my child to his/her appointments if I am unable to attend. I understand that medical advice will be relayed to them on my behalf. I understand and agree that the signatures and dates on this form will not expire without written notice or in case that a minor becomes the age of 18, and that a photocopy of this form is considered valid as the original.

_____ _____ _____
Parent or Legal Guardian (please print) Today's Date Valid thru Date

_____
Parent or Legal Guardian (Signature)