Pediatric Associates OF PLYMOUTH

AUTHORIZATION TO TREAT MINOR PATIENT IN ABSENCE OF PARENT/GUARDIAN

It is the policy of our office that any NEW patient under the age of 18 must be seen in the presence of their parent or legal guardian for their first visit. An established patient may be brought in by an adult if written permission is given by the parent or legal guardian and that person shows a valid ID.

I _____ for _____ DOB: _____
Parent/Guardian/PRINT

_____ DOB: _____

_____ DOB: _____
Child/Children's First/Last Name/PRINT

By completing the information below you are giving permission to the following people to accompany your child to their appointments.

_____ _____
Name/PRINT Relationship to child/children

_____ _____
Name/PRINT Relationship to child/children

_____ _____
Name/PRINT Relationship to child/children

This authorization includes necessary bloodwork as well as the administration of any recommended immunizations.

This authorization: ____ is effective only on _____
____ is effective from _____ to _____
____ is effective until revoked by me in writing.

_____
Signature of Parent/Guardian

Date: _____

Forms/Protocols/lgs August 2018