

Authorization for Medical Treatment of Minors

By law, any child under the age of 18 cannot be seen by a doctor without the consent from the parent or legal guardian. If the minor arrives to the office with someone other than a parent or legal guardian, we must have written permission from you that this person has been appointed by you to act on your behalf. This is a legal document. With it you may appoint anyone over the age of 18 to be responsible for your child when you are not able to accompany them to their medical appointments.

Please complete the following:

Name of Minor: _____ Date of Birth: _____

Allergies: Yes No

Special Conditions: Yes No, if Yes please indicate below

I, _____ the parent/legal guardian of the above
(please print your full name)

named minor, do here appoint the following person(s) to act on my behalf in authorizing medical care for my child.

Name: _____ Relationship to Child: _____
(please print full name)

Name: _____ Relationship to Child: _____
(please print full name)

I understand in my absence that Southwest Pediatric Associates can do an invasive procedure or administer injections if the person listed has given permission. I understand that is policy for the adult present with the child is financially responsible for the patient portion of the bill at the time of service.

Signature of Parent/Legal Guardian

Date (mm/dd/yy)