The Pediatric Care Center

CONSENT TO TREAT A MINOR

By law, generally, any child under the age of 18 years old cannot be seen by a Licensed Provider without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor's Name: _____ **DOB:**_____
Last **First**
Minor's Name: _____ **DOB:**_____
Last **First**
Minor's Name: _____ **DOB:**_____
Last **First**
Minor's Name: _____ **DOB:**_____
Last **First**

For those occasions when you may not be with your child, please list those individuals who may give us consent in order to treat and communicate on behalf of your child:

Accompanying Adult:	**Relationship with Patient:**	**Phone Number:**

AUTHORIZATION:

I (**parent/legal guardian name-please print**) _____ request and authorize The Pediatric Care Center, LLC and its personnel to deliver medical care to my child listed above as may be deemed necessary in the diagnosis and treatment of the minor child. I am also aware that the accompanying adult is responsible for payment of the patient portion of the visit at the time of service. I authorize The Pediatric Care Center, LLC and its staff to deliver medical treatment and services to my child. Medical care and interventions may include, but are not limited to: medical evaluation, physical exam, routine immunizations, injections, lab work (examples: throat or nasal swabs, blood draws, urine catheterizations, wart treatment with liquid nitrogen, minor burns/laceration, behavioral health, etc.). This consent is ONLY valid for 1 year from the date signed below.

I have read, understand and give my consent to the above.

Parent/Guardian:_____ Relationship: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____Cell Phone: _____ Rev: 7/25

****** When patient turns 18 years of age this consent will NO LONGER be valid and will need to complete their own form.******