



## Authorization for Evaluation and Treatment of a Minor

SouthernMED Pediatrics requires that a patient under the age of 18 must be accompanied by a parent/legal guardian who can consent to evaluation and treatment at the time of his/her visit. If a patient will be coming for a visit without a parent/legal guardian, this form must be completed. This form will be valid for one year unless specified differently below. This form may be revoked in writing at any time.

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

### Authorization to treat and/or discuss treatment, results, and procedures

*This allows others (parents, grandparents, aunts, uncles, etc.) to bring child into office for appointments and/or receive treatments, results or follow-up instructions.*

I, \_\_\_\_\_ (parent/legal guardian), authorize the following people to consent to evaluation and treatment of above named patient:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

I am aware that the person financially responsible for patient, as listed on the patient demographic form, will still be responsible for all medical expenses incurred by the patient during any visits with the above named persons.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Phone number (in case of emergency)

### Authorization for minor to be unaccompanied for treatment

I authorize my child to go independently to appointments and to consent to treatments, receive results or follow up instructions without the presence of a parent or legal guardian. I understand that the person financially responsible for patient, as listed on the patient demographic form, will still be responsible for all medical expenses incurred by the patient during any visits in which he/she is unaccompanied by a parent/legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Phone number (in case of emergency)

This form is valid from: \_\_\_\_\_ to \_\_\_\_\_. (Not to exceed one year and can be revoked at any time in writing)