

# LEITCHFIELD PEDIATRICS

## PERMISSION TO ACCOMPANY MINOR PATIENT FOR TREATMENT

Any patient under the age of 18 years old cannot be seen by a doctor without written consent from a parent or without an adult present. If the patient is under 16, he/she must be accompanied by an adult. If the patient 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.

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

Phone Number for Parents/Guardians \_\_\_\_\_

Note: you must be available by phone at time of visit.

For those occasions when you may not be with your child, please list those individual(s) age 18 or older who may give us consent for care:

Name	Phone	Relationship to Patient
------	-------	-------------------------

Name	Phone	Relationship to Patient
------	-------	-------------------------

**AUTHORIZATION:** I (parent/legal guardian name) \_\_\_\_\_ request and authorize Leitchfield Pediatrics and its personnel to deliver routine medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the patient, who is a minor child. I am also aware that I am responsible for payment of the patient portion at the time of service. I have the legal right to preauthorize Leitchfield Pediatrics 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, x-rays, lab work (examples: throat or nasal swabs, blood draws, wart treatment with liquid nitrogen, minor burns, minor suturing of lacerations) I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

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

\_\_\_\_\_

This consent shall be in effect for: <input type="checkbox"/> Date: _____ only <input type="checkbox"/> Indefinitely until revoked by written notice
--

Parent or Legal Guardian Name (please print)	Relationship
--	--------------

Parent or Legal Guardian Signature	Date
------------------------------------	------