



MEADVILLE PEDIATRICS, PC

Consent to Treat Minor Patient-Without Parent/Legal Guardian Present

It is best that all children are brought to Meadville Pediatrics, PC for every visit by a parent or legal guardian. However, there may be times when someone other than you, takes care of your child and must bring them to an appointment at our office. If your minor child arrives with someone other than a parent or legal guardian, we must have written permission from the BIOLOGICAL parent or legal guardian that this person has been appointed by you to act on your behalf. This person MUST be 18 years of age or older.

Minor Patient's Name: _____ DOB: _____

For those occasions when you may not be with your child, please list those individuals who may give us consent to see and treat your child:

Name Relationship to Minor Patient

Name Relationship to Minor Patient

Name Relationship to Minor Patient

AUTHORIZATION: I (parent/legal guardian name) _____ do hereby state that I am the biological parent or have legal custody of the above-named minor child, and I request and authorize Meadville Pediatrics Physicians and its personnel to deliver medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service. I have the legal right to preauthorize Meadville Pediatrics Physicians and its personnel to deliver medical treatment and services to my child.

- I GIVE PERMISSION FOR THE ABOVE NAMED ADULT(S) TO CONSENT TO/ORDER/PROVIDE OR REFER FOR MEDICAL CARE FOR MY CHILD:
- medical evaluation
 - physical exam
 - recommended immunizations
 - therapeutic injections (steroid, epinephrine)
 - x-rays
 - fluoride varnish application
 - minor burn treatment
 - repair of minor lacerations
 - lab work (throat/ nasal swabs, blood draws)
 - administration of medications
 - therapeutic procedures (ear wax removal, drainage of abscess, etc.)

I have read, understand, and give my consent as stipulated above. I understand this consent will be in effect until the time I notify Meadville Pediatrics in writing otherwise. 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.

Parent or Legal Guardian (please print) Relationship to patient

Parent or Legal Guardian Signature Date

This consent is valid until the above patient turns 18 years of age OR until revoked by written communication.