Consent to Treat Patient – Without Parent /Legal Guardian Present

Mid City Pediatrics must receive permission from a child's parent or legal guardian before providing treatments for an injury or illness that is non-life threatening. This form gives us legal permission to treat your child in case you cannot accompany him/her to the clinic for treatment. If the party accompanying your child (baby-sitter, friend, relative, etc.) does not present this information, and we do not already have it on file, the clinic will attempt to contact you to request permission to treat your child.

NOTE:

- **A parent/legal guardian must attend a minor's first visit with Mid City Pediatrics.**
- **In certain circumstances, in accordance with State and Federal laws, parent/guardian permission is not needed for adolescents being seen for such issues as STD testing, family planning, mental health, etc.**

This authorization is valid for:

This visit only (date of appointment): _____ Until otherwise revoked

Section A (ONLY for child at least 16, but not 18 years old)

Authorization to treat your minor child in case you or your designated representative are unable to accompany your child to one of his/her visits: I, (print your name) _____ grants Mid City Pediatrics gives permission to assess and treat the aforementioned minor without an adult present.

Section B (for child under 18 years old)

Delegation of authority for medical treatment of a minor child to the designated representative indicated below: I, (print your name) _____ grant Mid City Pediatrics permission to assess and treat the aforementioned minor in the presence of any of the following adults (you may choose more than one), who is authorized to approve treatment:

Name: _____ Relation to minor _____

Name: _____ Relation to minor _____

Name: _____ Relation to minor _____

I agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

Patient's Name: _____ Patient's Date of Birth: _____

Authorized by: _____ Date: _____

Parent or Legal Guardian Signature_____

Parent or Legal Guardian Printed Name_____