Authorization For Medical Treatment of Minors

I, ____, parent or legal guardian of:

__________________________________ __________________________________
Child's Full Name **Date of Birth** **Child's Full Name** **Date of Birth**

__________________________________ __________________________________
Child's Full Name **Date of Birth** **Child's Full Name** **Date of Birth**

Do hereby authorize the following individuals (must be over the age of 18) to schedule appointments and/or accompany my child(ren) to medical appointments. Please list anyone other than the child(ren)s' biological mother or biological father who may be accompanying the child(ren) to appointments. This may include siblings over the age of 18, babysitters, stepparents, grandparents. I understand that only my child(ren)'s biological mother and father and those listed below will have the authority to authorize treatment. I also authorize treatment of my child(ren) up through age 17 in my absence. Authorized individuals include (**please print name and relationship**):

_____________________________________ ____

_____________________________________ ____

Unlisted individuals may obtain treatment for your child(ren) in the case of an emergency. In that case, an attempt to contact you by phone will be made. This authorization will remain in effect until those designated above have their consent revoked in writing.

I have read all the information above and have completed the above questions. I certify this information is true and correct to the best of my knowledge. I will notify Delaware Pediatrics of any changes in my health status, my child(ren)'s health status, or the above information. It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service.

______________________________________ _________________________ _____/____/_____
Print Name (Mother/Guardian) **Signature** **Date**

______________________________________ _________________________ ____/____/______
Print Name (Father/Guardian) **Signature** **Date**

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