Delaware Pediatrics, LLP
"making it all better"

Authorization For Medical Treatment of Minors

I, _____, ***Parent/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**

(If additional space is needed, please add names and dates of birth to back of this authorization.)

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 authorize treatment of my child(ren), including vaccines up through age 17 in my absence to those listed below. 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. Only one parent signature is required unless required by the courts.

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

2550 Delaware Avenue• Buffalo, New York 14216
716-884-0230 • Fax 716-332-3543 • www.delawarepeds.com