

Ettienne's Premier Pediatric Care, LLC.

Minor Authorization Treatment

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical treatment provided by EPPC, LLC. Please complete this form if your child will be coming for a visit, treatment, or procedure, without a parent or legal guardian. This consent is valid for the specified time period with a maximum of one year from date signed.

MINOR PATIENT:

Date of Visit _____ **Referring MD** _____

Name _____ **DOB** _____

Reason for visit: _____

Drug Allergies: _____

Pharmacy: _____ **Location:** _____

Phone: _____

TIME PERIOD:	<p>Written consent is valid for the time period of: _____ to _____.</p> <p>(Not to exceed one year) at which time a new consent form would be required. This consent may be revoked by me at any time in writing.</p>
Authorization for other individual to accompany minor patient under 18 years of age.	<p>Name of person(s) being authorized _____</p> <p>Relationship to Patient _____</p> <p>To give consent to medical treatment by EPPC, LLC on behalf of my child listed above. The above-named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child.</p> <p>I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.</p> <p>Parent/Legal Guardian Date Signed _____</p> <p>_____</p> <p>Phone number (in case of emergency) _____</p>
Authorization for minor patient to be unaccompanied for treatment by EPPC, LLC.	<p>I authorize _____</p> <p>and give consent for my child, listed above, to go independently to appointments and consent to all medical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.</p> <p>_____</p> <p>Parent/Legal Guardian Date Signed _____</p> <p>_____</p> <p>Phone number (in case of emergency) _____</p>

PLEASE HAVE AUTHORIZED INDIVIDUAL PRESENT THIS FORM WITH EACH VISIT.