



Consent to Treat

Parent or legal guardian consent must be provided for treatment of a child (under the age of 18) for every visit. For all new patients and for established patients (on an annual basis), we require the parent or legal guardian to complete and sign an updated registration, responsible party/consent to treat form.

We understand there are times that it may not be possible for you to accompany your child to each visit. Therefore, we will accept a signed consent to treat from the parent or legal guardian for any visit. Written consent must specify the name of the person (adult over 18) granted authorization to bring the child in for treatment. **The form below can be used for consent to treat.**

Preventive Visits and Immunizations

Preventive visits are an opportunity to provide education on your child(ren)'s growth and development as well as directly address all of your concerns. Many times important details may not be available from caregivers, older siblings or grandparents. Also, during these preventive care visits, important immunizations are administered. It is vitally important that you understand the risks and benefits of each immunization by reviewing a vaccine information sheet for each vaccine given. **As physicians, we would PREFER that the parent or legal guardian be present for these visits.** However, if this is not realistic, the form below may be used as well, as long as the child is accompanied by an adult over 18 who has been granted consent.

I _____ give _____
(parent/legal guardian) (name of adult accompanying child for treatment)

authority to bring my child _____ to the physician's office
(child's full name)

for any treatment by the physician, which includes immunizations and injections.

This authorization is in effect for a period of one year from _____ to
(mm/dd/yyyy)

(mm/dd/yyyy)

(Signature of Parent or legal guardian)

(Please PRINT name)