

**Authorization for Evaluation and/or Treatment of a Minor Patient  
Unaccompanied by Parent or Legal Guardian.**

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical and/or surgical treatment provided by Pediatric and Young Adult Medicine, PA. 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 maximum of one year from date signed.

***Minor Patient Information:***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Emergency phone number for parent or legal guardian: \_\_\_\_\_

**Written consent is valid for this time period of: \_\_\_\_\_ to \_\_\_\_\_.  
(Not to exceed one year) at which time a new consent from would be required. This consent may be  
revoked by me at any time in writing.**

**Patient under 18 years of age accompanied by another individual:**

I authorize \_\_\_\_\_  
(Name of person) being authorized Relationship to Patient

To give consent to medical treatment by Pediatric and Young Adult Medicine, PA, on behalf of my child listed above. The above-named individual may also receive test results and additional information pertinent to the care and treatment of this minor child.

I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
Parent/Legal Guardian Signature

***Minor patient authorization that is unaccompanied for treatment:***

I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian.

I understand that I am still financially responsible for all medical expenses incurred by child during these appointments.

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
Parent/Legal Guardian Signature

PEDIATRIC AND YOUNG ADULT MEDICINE, PA

**PLEASE HAVE AUTHORIZED INDIVIDUAL PRESENT THIS FORM WITH EACH VISIT.**