



Consent for Treatment

We realize that the parents or legal guardians of a child may not always be available to bring the child into the office themselves. Children under the age of 17 cannot be treated without a parent, legal guardian or representative present or legal authority and consent granted for another person to bring them.

If a parent or legal guardian cannot be present, anyone on this form is authorized to consent for treatment. This form must be completed by the parent or legal guardian.

I, _____, as parent or legal guardian of give my consent for the following people to authorize treatment of my child(ren) at Hometown Pediatrics. This document will remain valid unless the office is notified in writing of any changes.

Patient Name:	Date of Birth:
Patient Name:	Date of Birth:
Patient Name:	Date of Birth:
Patient Name:	Date of Birth:
Patient Name:	Date of Birth:

Authorized Person

Relationship to Child(ren)

Signature of Parent/Legal guardian: _____

Date: _____