

West Volusia Pediatrics

809 North Stone Street

DeLand, Florida 32720

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

By law, any child under the age of 18 years old can not be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

This is a legal document. With it you may appoint anyone who is over the age of 18 years of age to be responsible for your child when you are unable to accompany them to their medical appointment.

Please complete the following section(s):

Name of
Minor: _____ DOB: _____

Allergies/Special
Conditions: _____

I, _____ being the parent or legal guardian of the above named minor, do here appoint the following person(s) to act in my behalf in authorizing medical care for the above named minor.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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I, _____ being the parent or legal guardian of the above named minor, give my permission for

_____ to be seen by West Volusia Pediatrics in my absence.

Please be advised that we will not be able to perform any invasive procedures or administer any injections unless a parent or legal guardian accompanies the minor to their appointment, or has completed this form for the individual bringing the child in their absence. If such services need to be performed and this form is not completed, another appointment will need to be scheduled in which the parent must be in attendance.

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.

Signature of Parent/Guardian

Date