



Regarding Treatment of a Child: Treatment of minors requires a team effort by the medical provider(s) and the child's parent or guardian. Whenever possible, we encourage parents/legal guardians to accompany their child to all visits.

Treating Minors without Parents/Legal Guardians: It is the policy of Rose Pediatrics that all children (minors) seeking treatment be accompanied by a parent/legal guardian during their first office visit. After the initial appointment, a child may be seen without the parent/legal guardian present if this consent form is filled out and maintained in the minor's record.

I give permission for my child to be medically evaluated and treated at Rose Pediatrics in my absence. I understand that it may be necessary to perform diagnostic tests (for example, a throat culture or blood test) in the course of the evaluation. I accept responsibility for physician charges and laboratory fees.

This consent applies to:

1. complete physician check-up (including blood and urine samples, TB skin tests)
2. hearing, vision, scoliosis, and blood pressure screening
3. immunizations
4. first aid and emergency care
5. prescription and treatment for illness
6. referrals to an outside agency (for example: hospital, radiology) for services not provided at the office
7. laboratory work.

If there are any services that you do not consent to in your absence, please list:

My child will be accompanied by:

Himself / Herself (must be 16 years of age or older)

Name: _____ Relationship: _____

I give permission for the physician to share any relevant health information with the person who is accompanying my child: From: _____ Until: _____.
(may not be longer than 1 year and may be revoked in writing anytime).

Child's Name

Date

Parent or Guardian Signature

Parent or Guardian Name (Please Print)