



# ALL ABOUT KIDS PEDIATRICS

## AUTHORIZATION FOR TREATMENT OF MINOR CHILDREN

To be used for children under 18 years old ONLY

This form allows adults **other** than parents or legal guardians with full custody to bring children in for medical care at All About Kids Pediatrics, S.C., with a parent's or legal guardian's signature. Examples include a nanny, grandparent, school faculty, or neighbor. **This form also allows minors to come in for treatment without a parent or guardian present.** This form is good for one year from the date of the signature. Please list all children to whom this authorization should apply:

Child's Full Name

Date of Birth

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I authorize:

1. \_\_\_\_\_

Print Name

Relationship to Patient (if patient is under 18 and coming in alone, write "self")

**OR**

2. \_\_\_\_\_

Print Name

Relationship to Patient (if patient is under 18 and coming in alone, write "self")

to bring my children listed above to All About Kids Pediatrics S.C.. for any and all medical care without my express prior authorization. This authorization applies to immunizations, well physical examinations, and medical treatment for illness or injury as deemed necessary by the above named person(s) and All About Kids Pediatrics. S.C..

I understand that this authorization is valid only for one year from the date of signature.

Signature \_\_\_\_\_ Date: \_\_\_\_\_