



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 that attend this practice for medical care and to whom this authorization should apply:

Child's Full Name (Please print)

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I authorize:

1. _____

Print Name

Relationship to Patient

Phone Number

(if patient is under 18 and you are authorizing them to seek treatment alone, write "self" for relationship to patient)

AND

2. _____

Print Name

Relationship to Patient

Phone Number

(if patient is under 18 and you are authorizing them to seek treatment alone, write "self" for relationship to patient)

to bring my child(ren) 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 I may revoke this release at any time by notifying All About Kids Pediatrics in writing.

Signature _____ Name (print): _____

Relation to Patient: _____ Date: _____

Best phone number to call for any questions regarding the information on this form: _____