

Sunshine Pediatrics, LLC

AUTHORIZATION FOR EVALUATION OR TREATMENT OF A MINOR CHILD WHO IS UNACCOMPANIED BY PARENT OR LEGAL GUARDIAN

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical treatment provided by Sunshine Pediatrics, LLC. Please complete and sign this form if your child will be coming for a visit, treatment, physical exam or other medical services, without a parent or legal guardian present. This consent is valid for the specified time period with a maximum of one year from the date signed.

Minor Patient:

Name _____ Date of Birth _____

Time Period:

Written consent is hereby given for the time period of: _____ to _____.

This consent will not exceed one year at which time a new consent form will be required. This consent may be revoked by me at any time in writing.

Authorization for other adult to accompany minor patient under 18 years of age for treatment by Sunshine Pediatrics, LLC.:

I hereby authorize, _____, an adult in whose care my minor child has been entrusted, to act as my agent with respect to my minor child and to give consent to medical treatment by Sunshine Pediatrics, LLC, on behalf of myself and my child, in my absence. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others, and may also receive test results and any additional information pertinent to the care and treatment of my minor child. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments, and that the payment of any co-payment, deductible, or co-insurance is required on the date my child is seen, whether I am present or not.

PARENT: _____ DATE SIGNED: _____

Indemnification:

I hereby indemnify and hold harmless Sunshine Pediatrics, LLC, and all their officers, agents, employees, directors, insurers, successors and assigns from any and all liability for acting in reliance upon this authorization.

PARENT: _____ DATE SIGNED: _____