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### **CONSENT FOR OFFICE VISITS AND VACCINATIONS**

It is best that children are brought to our office by a parent or legal guardian. However there may be times when someone other than you takes care of your child. That person may be a babysitter, caregiver or family member. If your child must be seen at our office at these times a signed consent form is needed to provide medical care.

This consent form allows us to provide medical treatment for your child when you are unable to accompany the child.

#### **HOW TO USE THIS CONSENT FORM:**

1. **Complete a separate form for each child.**
2. **Sign and date the form.**
3. **Give the completed form to the person you have chosen and have that person bring the consent form to the appointment.**
4. **This consent is good for one year from date of signature. It will be kept in the child's chart. A new form must be completed every 12 months.**
5. **The person bringing the child must have the current insurance information and the copy.**
6. **The person bringing the child must be 18 years of age or older.**
7. **Please complete a separate form for each person who may bring the child.**

I, (parent or legal guardian) \_\_\_\_\_ cannot accompany my child, (child's name) \_\_\_\_\_ to Pediatric Associates. Therefore, I give permission to \_\_\_\_\_ (responsible adult) to accompany my child during his or her visit .

- **I also give permission for this person to consent to ANY immunization recommended.**

I authorize Pediatric Associates to provide any medical treatment including medication, medical supplies, vaccines, and consultations deemed necessary according to their professional opinion. I understand I am financially responsible for any non covered services by my insurance plan. I also authorize my insurance benefits to be paid directly to Pediatric Associates and the release of any information requested by my insurance carrier pertinent to my medical claim.

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

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