

Authorization for Medical Treatment of Child

I/We, the undersigned parent(s) or legal guardian(s) of _____, hereby authorize _____ to authorize any or all medical treatments for _____ at Lakeview Pediatrics, to include care marked "YES" below:

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Diagnosis and treatment of illness/problem
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Diagnostic tests (e.g. X-ray, blood draw, etc.) recommended by the doctor
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Preventive care ("well check-up")
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Screening tests as recommended by the doctor
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Immunizations as recommended by the doctor

Patient Information

Name:	Date of birth:
Known health conditions:	Allergies:
Medications:	
Other important information the doctor should have about your child:	

Parent/Guardian Information

Name (print):				
Relationship: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> legal guardian				
Contact:	Work:	Home:	Cell:	Fax:
Signature:				Date:

Name (print):				
Relationship: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> legal guardian				
Contact:	Work:	Home:	Cell:	Fax:
Signature:				Date:

Please read each section below and initial indicating your understanding,

Initial here	This authorization is only effective for care at Lakeview Pediatrics, and does not need to be notarized. You may wish to provide your child's caretaker with a separate, notarized authorization for use elsewhere.
Initial here	If you wish this authorization to be effective only for certain dates, cross out the statement above and write effective date(s) here: _____ through _____
Initial here	The person to whom you are delegating authority must provide photo ID at every visit to our office(s).
Initial here	You agree that we will bill your insurance plan <u>if we have current insurance information and can verify coverage</u> , and that you will be responsible for any amounts not covered by insurance. Insurance plans differ, and some tests, treatments and immunizations may not be covered under your plan.
Initial here	If immunizations have been authorized above and are administered, the current applicable Vaccine Information Statements will be given to the named adult with the child.