

**Authorization For Evaluation And/Or Treatment of A Minor Child  
 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 and/or surgical treatment provided by Southdale Pediatric Associates, Ltd. Please complete this form if your child will be coming for a visit, treatment, or procedure, without a parent or legal guardian. This consent is valid for the specified time period with a maximum of one year from date signed.

<b>Minor Patient:</b>	Name		
	Address		
	City	State	Zip
	Date of Birth	Phone	

<b>Time Period:</b>	Written consent is valid for the time period of : _____ to _____. (Not to exceed one year) at which time a new consent form would be required. This consent may be revoked by me at any time in writing.
---------------------	---

Authorization for other individual to accompany minor patient under 18 years of age.	I authorize _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Name of person(s) being authorized)</span> <span>Relationship to Patient</span> </div> <p>To give consent to medical treatment by Southdale Pediatric Associates, Ltd. on behalf of my child listed above. The above-named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child.  <u>I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.</u></p> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Parent/Legal Guardian</span> <span>Date Signed</span> </div> <hr/> Phone number (in case of emergency) _____
--	--

Authorization for minor patient to be unaccompanied for treatment by Southdale Pediatric Associates, Ltd.	I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.
	<hr/> <div style="display: flex; justify-content: space-between;"> <span>Parent/Legal Guardian</span> <span>Date Signed</span> </div> <hr/> Phone number (in case of emergency) _____

PLEASE HAVE AUTHORIZED INDIVIDUAL PRESENT THIS FORM WITH EACH VISIT.