

Payne & Holloway

Consent for Treatment

I give my permission for Payne & Holloway to treat my child (ren) according to the standards of care within the community and the realm of medical necessity as deem appropriate by his/her physician.

Parent/Guardian Signature _____
Date _____

Authorization for Treatment

I _____, do hereby consent and authorize Payne & Holloway and its associates, assistants or designees as may be selected by him/her, to examine and/or treat my child (ren) in my absence. I affirm that I have the legal right to consent to this. I understand that this consent is legal and binding until specifically revoke by myself or another person who has the legal right to sign or revoke this authorization. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of examinations and/or treatments.

I give the physicians or their designee (s) permission to treat my child in my absence with whatever vaccination or treatment plan they deem necessary and appropriate.

Parent/Guardian Signature _____ Date _____

Consent for Treatment of a Minor Without Parent Present

I give my permission for my child to be medically evaluated and treated at Payne & Holloway in my absence. I understand that it may be necessary to perform diagnostic tests (for example, throat culture or blood test) in the course of the evaluation. I accept responsibility for physician charges and laboratory tests.

This consent applies to complete physician check-up (including blood and urine samples); hearing, vision, scoliosis, and blood pressure screening; immunizations, first aid and emergency care; prescription and treatment for illness; referrals to an outside agency (i.e. hospital, radiology) for services not provided in the office.

My child will be accompanied by: [] himself/herself; [] Babysitter (name) _____; [] Other (Name, relationship _____).

I give permission for the physician to share any relevant health information with the person who is accompanying my child.

If there are any services that you do not consent to in your absence, please list:

Child's Name _____ Date _____

Parent/Guardian _____ Printed _____ Name _____

Parent/Guardian Signature _____

Phone # where Parent/Guardian can be reached: _____