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: _____