PREAUTHORIZATION TO TREAT MINORS CONSENT FORM

This form authorizes Andros ENT & Sleep Center, PA to provide medical care or treatment to a minor who is accompanied to an office visit by an adult who is NOT the minor's parent or legal guardian, ex.: a babysitter. This form also authorizes Andros ENT & Sleep Center, PA to provide care to a sixteen or seventeen year old child without an accompanying adult. Please review the authorization and complete if you wish to authorize such treatment. Note: The minor's parent or legal guardian will have access the minor's medical records unless law prohibits.

AUTHORIZATION

I appoint _____, _____,
(Name) (Address)
_____, who is my child's _____,
(City, State, Zip) (Specify Nature of Relationship to Minor)

As my proxy decision maker for consenting to the delivery of medical care for my child,

_____, _____,
(Name of Minor) (Minor's Date of Birth)
In my absence.

LIMITATIONS

Identify any limitations on the kinds of medical services for which this authorization in given. If none, state "None".

_____
_____

Identify any limitations on the time frame for which this authorization is given. If none, state "None".

_____
_____

FOR MINORS SIXTEEN (16) OR SEVENTEEN (17) YEARS OF AGE:

I give my permission for "routine" treatment to be administered without my presence, or the presence of another accompanying adult as deemed necessary by the physician.

CONTACT INFORMATON

If the nature of the medical care is not routine or considered urgent, please contact me (us) regarding the healthcare of my child at the following phone numbers:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Mobile Phone Number: _____ Mobile Phone Number: _____

Daytime Phone Number: _____ Daytime Phone Number: _____

I understand that this consent may be revoked at any time in writing to Andros ENT & Sleep Center PA.
Signature(s) of parent(s) or legal guardian(s):

_____/ _____		_____/ _____	
Please Print Full Name	**Relationship**	**Please Print Full Name**	**Relationship**
_____/ _____		_____/ _____	
Signature	**Date**	**Signature**	**Date**