

Consent to treat when parents or legal guardians are not present

The physicians and staff of West End Pediatrics are happy to see adolescents under 18 who come to their office visits independently and children who are brought by individuals other than their parents. We would like to be sure that we have parental permission. Thank you for taking the time to complete one of the following consents. Please have your adolescent or child bring the consent with them to the visit.

I give the physicians and staff of West End Pediatrics, PC permission to treat

_____ on _____(date). I will not be present for the office visit.

Signature_____

Name_____

Relationship to patient_____

Date_____

I give the physicians and staff of West End Pediatrics, PC permission to treat

_____ even though I am not present for the visit from _____(date) until _____(date).

Signature_____

Name_____

Relationship to patient_____

Date_____