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**PERMISSION TO TREAT A MINOR (AGE 16-17)
WITHOUT THE PRESENCE OF A PARENT, GUARDIAN, OR AUTHORIZED INDIVIDUAL**

Patient _____

Date of Birth _____

Any child under the age of 18 years old cannot be seen at Montgomery Pediatrics, Inc. without consent from a parent or guardian. It is the policy of Montgomery Pediatrics, Inc. that a parent, guardian or authorized individual be present at all physicals, well checks, and medication checks. Children who are 16 or 17 years of age may be seen without a parent, guardian or authorized individual present for ill visits only.

I request and authorize Montgomery Pediatrics, Inc. and its personnel to deliver medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am aware that I am responsible for payment of the patient portion at the time of service. I have the legal right to preauthorize Montgomery Pediatrics, Inc. to deliver routine medical treatment and services to my child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, or lab work (examples: throat or nasal swabs, blood draws, wart treatment with liquid nitrogen, minor burns, minor suturing of lacerations).

This consent shall be in effect from the signature date below until my child turns 18 years old, or unless otherwise revoked by written notice.

Parent/Guardian (please print)

Relationship

Parent/Guardian Signature

Date