



CONSENT FOR TREATMENT OF A MINOR CHILD

It is the policy of Center City Pediatrics, LLC that any new patient under the age of 18 must be seen in the presence of their parent or legal guardian for their first visit. An established patient [a patient known to the practice and seen within the past 12 months] may be brought in by another adult if written permission is given by the parent or legal guardian and that person shows valid photo ID. By filling out the form below you are giving consent for the adult(s) listed to bring your child in for their Center City Pediatrics appointment(s) in your absence. We will include this form in your child's file.

I _____ for _____

(Print Your Name)

(Child's Name)

Hereby voluntarily consent to the following person(s) to bring my child to their appointments at Center City Pediatrics:

Name: _____ relationship to child (ren): _____

Name: _____ relationship to child (ren): _____

Name: _____ relationship to child (ren): _____

(Parent's Signature)

(Child's Date of Birth)

(Date)

This form will need to be updated 1 year from now