GUARDIAN
PEDIATRICS

Claudia Somes, M.D. • Lynda McCollum, M.D. • Jaime McKeever, M.D. • Wendy Schulte, M.D.

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Consent to Treat

I give the physicians of Guardian Pediatrics consent to provide and perform medical care, tests, procedures, and administer medications and/or vaccines as are considered necessary or beneficial for my child/children's health and well being. This includes obtaining information from other treating physicians and medications prescribed elsewhere.

Parent Signature____ Date________________

Consent To Treat Unaccompanied Minor Child (16+)

I give the physicians of Guardian Pediatrics consent to provide and perform medical care, tests, procedures, and administer medications and/or vaccines as are considered necessary or beneficial for my minor child/children's health and well being without an accompanying adult.

Parent Signature____ Date________________

Authorization to consent for Medical Treatment in my absence:

I hereby grant the following person(s) the authority to bring my child/children to Guardian Pediatrics office for medical care, tests, procedures, and immunizations.

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Name Relationship to Child Name Relationship to Child

Authorization to release Information

I hereby authorize Guardian Pediatrics to send immunization, medication records and/or routine physician forms to my child/children's school or to other physicians.

Parent Signature____ Date________________

List Children