

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Minor's Name: _____ **DOB:** _____

In the event you are not able to accompany your child, **please list those individuals who may authorize medical care for your child:**

Name	Relationship to Patient
Name	Relationship to Patient
Name	Relationship to Patient

LIMITATIONS:

Identify any specific limitations on the kinds of medical services for which this authorization is given.
(If none, state "none") _____

___ Check here if you wish to give consent for the minor to receive medical care without an accompanying adult. **This box may only apply to minors 17 years of age.**

This consent shall be in effect for: ___ Today's date only: _____
 ___ Indefinitely, until revoked by written communication

AUTHORIZATION:

I (parent/legal guardian name) _____ request and authorize Princeton Allergy & Asthma Assoc. and its personnel to deliver routine medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, routine immunizations, allergy injections, allergy testing, pulmonary function testing, food challenges or treatment in case of emergency. I am also aware that the adult presenting the child is responsible for payment of the copay at the time of service.

I have read, understand and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand. I understand that in the event of an emergency, PAAA will attempt to contact me at the number(s) listed below.

Parent or Legal Guardian (please print)	Cell phone	Relationship
Parent or Legal Guardian Signature	Date	