Children's of Alabama®

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Consent for Medical Treatment of a Minor Child

When you are away from your child, the person entrusted with your child's care may be faced with an illness or injury to your child that cannot be treated promptly until your consent has been obtained. If you would like to give permission to your child's caretaker, or someone other than yourself to seek medical care in your absence, please complete the following form:

I _____ give permission to _____

_____

_____

To seek medical attention for _____ D.O.B. _____
To seek medical attention for _____ D.O.B. _____
To seek medical attention for _____ D.O.B. _____
To seek medical attention for _____ D.O.B. _____

at Vestavia Pediatrics. This permission will be valid for:

1) the duration of enrollment at Vestavia Pediatrics
2) from _____ to _____

Signature of Parent or Guardian _____ Date _____

Signature of Witness _____ Date _____

Consent to Discuss Financial Information

Unless we have written permission we will not discuss financial information with anyone other than the person responsible for the account as per our financial policy. If there is anyone who has your permission to discuss this information with our insurance and billing office, such as a care taker, a step parent or a grandparent, please list this person or person's below. **Please know that as always, the person who accompanies the patient is responsible for the bill or co-pay at time of visit.**

_____ _____
Name Relationship

_____ _____
Name Relationship

_____ _____
Signature of Responsible Party Date

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