## PERMISSION TO ACCOMPANY A MINOR WITHOUT THE PRESENCE OF A PARENT/GUARDIAN

Under Virginia state law, any child under the age of 18 years old cannot be seen by a doctor or nurse practitioner without written consent from a parent or without an adult present. **If the minor is under 18, he/she must be accompanied by an adult**. 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION**: I (parent/legal guardian name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request and authorize **ALL Pediatrics** 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. I am also aware that I am responsible for payment of the patient portion at the time of service. I have the legal right to preauthorize **ALL Pediatrics** and its personnel 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, routine immunizations, injections, lab work (examples: hemoglobin, throat or nasal swabs) 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.

**LIMITATIONS**: Identify any specific limitations on the kinds of medical services for which this authorization is given. (If none, state “none”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone # for Parents/Guardians – you must be available by phone at time of visit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent shall be in effect for: **🞎** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ (only) **🞎** Indefinitely, until revoked by written notice

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Parent or Legal Guardian (please print) Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Signature Date