

3317 Penn Ave., West Lawn, PA 19609 Ph: 610-750-7891 Fax: 610-750-7896 After Hours Urgent Matter Only 610-223-4871 Dr. Dean Burget, MD Dr. Jason Hendrix, DO Dr. Stephen Schleicher, MD Amy Hendrix, CRNP Jamie LaPorte, PA-C Todd Staub, NP-C

Authorization to Trea	at Minor Patient in Absence	of Parent/Guardian
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I, \_\_\_\_\_\_ (name of parent/guardian), the parent and legal guardian of

\_\_\_\_\_ (name of child), hereby authorize \_\_\_\_\_\_,

(name of adult accompanying child to office) to accompany my above-named child to office visits with

\_\_\_\_\_ (name of physician/physicians) and to consent to the

examination and/or treatment of my child during the office visits.

## This authorization:

- □ Is effective only on \_\_\_\_\_(month/day/year)
- □ Is effective from \_\_\_\_\_\_ to \_\_\_\_\_ month/day/year.
- □ Is effective until revoked by me in writing

I reserve the right to revoke this authorization at any time by writing to the above named physician. I understand that my child (under 18 years of age) cannot attend his/her appointment without the accompaniment from the adult listed above.

Signature of Parent/Guardian

Date

Signature of Witness

Date