

PERMISSION FOR TREATMENT

I do hereby voluntarily request medical care or services at International Pediatric Clinics, PC for my child/children as listed on my application for registration. I hereby authorize and grant my permission and consent for all providers employed by International Pediatric Clinics, PC, to use such diagnostic and treatment procedures as they deem necessary for proper medical management and treatment of my child/children. I fully understand that no guarantee or warranty of results that may be obtained has been given or implied by the physicians or other medical services employees of International Pediatric Clinics, PC, or is in any way intended hereby. I also acknowledge that I may, at anytime, refuse to accept medical care or services for my child/children and I accept full responsibility for said act or statement of refusal.

I further understand that on-site services are not provided by International Pediatric Clinics, PC on nights, weekends, and announced holidays, that, if treatment is needed, and International Pediatric Clinics, PC is unable to provide off-site services, I will seek such treatment at the hospital providing Emergency Service for that particular day or night.

I acknowledge the right of International Pediatric Clinics, PC and/or its agents, for due and proper cause, to refuse to initiate or continue medical care or services for my child/children.

I certify that I am legally entitled to sign this statement of permission for treatment.

REQUESTOR'S SIGNATURE _____ DATE _____
I understand the above

REQUESTOR'S NAME _____
Print Name

WITNESS _____ DATE _____

I, _____, authorize the following persons to bring
(Name of parent or legal guardian)

_____ to this office for treatment as provided
(Name of child/children)

for on this form. This treatment includes all immunizations including but not limited to: DTAP, IPV, TB by PPD, HIB, Tdap, MCV, MMR, Hep A, Hep B, PCV, Varicella, Rotavirus, Flu, HPV.

_____ Relationship to Child _____
_____ Relationship to Child _____
_____ Relationship to Child _____
_____ Relationship to Child _____

Signature of Parent or Legal Guardian _____ Date _____
Relationship to Child _____