



Authorization to Treat

Prior authorization is required by All About Children Pediatrics in order to treat a minor patient (under 18 years of age) without the presence of his or her parent, legal guardian or other authorized individual.

Do you authorize All About Children Pediatrics to treat _____
Without your presence? Name of Minor

_____ Yes, I do authorize and consent to All About Children Pediatrics providing medical treatment to the above minor without my presence.

_____ No, the above mentioned minor will be accompanied to the office by their parents, legal guardian or other authorized individual for all medical treatment.

In my absence, I authorize the following individual(S) to consent to the treatment of my child/children.

Name/Relationship

Telephone

Name/Relationship

Telephone

Signature

Date