



PEDIATRICS, LTD.

Gus Rousonelos, MD Erin Shanks, MD Karolyn Law, MD Ushma Patel, MD Pamela Persak, MD
Colleen Kirr, CPNP-PC Jacqueline Neumann, CPNP-PC

Parental Consent for Minor's Treatment

Patient's name: _____ Date of Birth: _____

Allergies to Medications:

Current Medications:

Any Concerns you want addressed today:

Any conditions we need to know about:

In the event that we need to contact you during today's visit:

Parent Name: _____

Contact Phone Number: _____

I hereby consent to the rendering of care, for my child, including immunizations, diagnostic or routine tests and medical treatment by ABC Pediatrics, Ltd Physician or their designees in my absence.

Signature: _____

Print Name: _____

Date: _____