

Cherry Tree Pediatrics
2 Highland Park Drive – Suite 201
Uniontown, PA 15401
Phone: 724-439-4345 Fax: 724-439-4345

Consent for Treatment of a Minor without Parent Present

I give permission for my child to be medically evaluated and treated at Cherry Tree Pediatrics in my absence. I understand that it may be necessary to perform diagnostic tests (for example, a throat culture or blood test) in the course of the evaluation. I accept responsibility for physician charges and laboratory fees.

- I, _____, (name), am the parent of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.
- I, _____, (name), am the legal guardian or legal custodian of the child by court order (copy attached, if available) and there are no other court orders in effect that would prohibit me from conferring the power to consent upon another person.

This consent applies to:

- complete physician check-up (including blood and urine samples)
- hearing, vision, scoliosis, and blood pressure screening
- immunizations
- first aid and emergency care
- prescription and treatment for illness
- referrals to an outside agency (for example: hospital, radiology) for services not provided at the office
- all of the above

By law, minors can consent for their own care for pregnancy testing, sexually transmitted disease testing and treatment, and family planning.

If there are any services that you do not consent to in your absence, please list:

My child will be accompanied by:

- himself/ herself
- babysitter(name)_____
- other (name, relationship)_____

I give permission for the physician to share any relevant health information with the person who is accompanying my child.

Child's Name

Birth Date

Please Print Parent or Guardian Name

Phone number (where parent or guardian can be reached)

Parent or Guardian Signature

Today's Date

Witness by Office Staff

Witness (Other)

The Privacy Rule gives individuals the right to revoke, at any time, the authorization you have given. The revocation must be in writing, and is not effective until Cherry Tree Pediatrics receives it.