
PARENTAL CONSENT FOR MEDICAL TREATMENT

Child's Information

Child's Name _____ Date of Birth _____
Home Address _____ Home Phone Number _____
City, State, Zip Code _____

Parental Contact

Phone Number _____

Caregiver's Name: _____

The above named caregiver shall be authorized to consent to medical and/or surgical treatment and/or other medical procedures (including administration of immunizations, diagnostic tests, etc.), for the above named child, which may be required during my absence. I understand that I am financially responsible for all services provided to my child in my absence.

This consent serves as permission for treatment by Periscope Pediatrics LLC. This authorization shall be effective until:

- a) _____ (Month, Day, Year). b) until revoked by me.

Signatures

Parent Guardian (select one) _____ Date _____

Parent Guardian (select one) _____ Date _____

Witness: _____ Date _____

Notes:

Consents are not required in emergency situation or for emancipated minors*.

***Emancipated minor is defined as:**

Homeless minor: An individual under the age of 18 living apart from his or her parents. An individual who lacks a fixed an regular nighttime residence or whose primary residence is either a supervised shelter designed to provide temporary accommodations, a halfway house, or a place not designed for or ordinarily used for sleeping by humans.

Married Minor: An individual under the age of 18 who has a legal document proving marriage from any jurisdiction in the United States.

Legally-Declared Emancipated Minor: An individual over the age of 16 and under the age of 18 years that has legal court documentation of emancipation from the state of Arizona or other jurisdictions within the United States.

Any minor under the age of 18 may consent for his or her medical care related to: diagnoses or treatment of a venereal disease; reproductive service which includes prenatal care, well woman exam, Pap smear, or contraception; rape or sexual assault, alcoholism, substance abuse or HIV testing.