



**PERMISSION TO ACCOMPANY A MINOR WITHOUT THE PRESENCE OF A PARENT/GUARDIAN**

Under Virginia state law, any child under the age of 18 years old cannot be seen by a doctor or nurse practitioner without written consent from a parent or without an adult present. If the minor is under 18, he/she must be accompanied by an adult. If the minor arrives with someone other than a parent or legal guardian, we must have **written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.**

**Minor's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**AUTHORIZATION:** I (parent/legal guardian name) \_\_\_\_\_ request and authorize **ALL Pediatrics** and its personnel to deliver routine medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am also aware that I am responsible for payment of the patient portion at the time of service. I have the legal right to preauthorize **ALL Pediatrics** and its personnel to deliver routine medical treatment and services to my child. Routine medical care and interventions may include, but are not limited to: medical evaluation, physical exam, routine immunizations, injections, lab work (examples: hemoglobin, throat or nasal swabs) I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

**LIMITATIONS:** Identify any specific limitations on the kinds of medical services for which this authorization is given. (If none, state "none"):

This consent shall be in effect for:  Date: \_\_\_\_\_(only)  Indefinitely, until revoked by written notice

Parent or Legal Guardian (please print) \_\_\_\_\_ Relationship \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_