

# MELNICK, MOFFITT AND MESAROS ENT ASSOCIATES

## Authorization for Evaluation/Treatment of a Minor Patient Unaccompanied by Parent/Legal Guardian

A Parent/Legal Guardian must accompany a child younger than 18 years of age to consent for all medical/surgical treatment provided by *Melnick, Moffitt and Mesaros ENT Associates*. Please complete this form if your child will be coming for a visit, treatment or procedure without a parent/legal guardian. This consent is valid for the specified time period with maximum of ONE (1) year from date signed.

Minor Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Emergency phone number for parent/legal guardian \_\_\_\_\_

Written consent is valid for this time period of \_\_\_\_\_ to \_\_\_\_\_,  
(Not to exceed one year) at which time a new consent form will be required. This consent may be revoked by me at any time in writing.

### Patient under 18 ears of age *accompanied by another individual*:

I authorize \_\_\_\_\_  
(name of person being authorized) (relationship to patient)  
to give consent to medical treatment by *Melnick, Moffitt and Mesaros ENT Associates* on behalf of my child listed above (identity validation required with photo ID). This authorized individual may also receive test results and additional information pertinent to the care and treatment of this minor child. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

Printed Name of Parent/Legal Guardian \_\_\_\_\_

### Minor patient authorization that is *unaccompanied for treatment*:

I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by child during these appointments.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

Printed Name of Parent/Legal Guardian \_\_\_\_\_

**PLEASE HAVE AUTHORIZED INDIVIDUAL PRESENT THIS FORM WITH EACH VISIT**