



Dear Parent:

Re: Care of Unaccompanied Minor

Physicians to Children understands that in certain circumstances patients of legal driving age may access care in our office unaccompanied by a parent or other authorized consenting adult.

Parental consent generally is required for the medical evaluation and treatment of minor children. However, adolescents might require evaluation and treatment for urgent medical conditions in situations in which a parent or legal guardian is not available to provide consent or conditions under which an adolescent patient might possess the legal authority to provide consent. In general, any medical care necessary and likely to prevent imminent and significant harm to the pediatric patient with an urgent medical condition will not be withheld or delayed because of problems obtaining consent.

Our policy is to see unaccompanied minors for urgent or "sick" visits or in cases when the adolescent patient has the legal authority to provide consent. See the specific list below when a parent, legal guardian, or consented adult must accompany the patient. We will obtain a verbal consent from a parent when scheduling the appointment and mail/email/fax the consent form to the parent for completion. The patient should bring the signed consent at the time of the visit.

Patients under the age of 18 must be accompanied by a parent or guardian or other authorized adult for the following specific events.

Well Check-Ups/Routine Physicals  
Sports Physical  
ADHD checkups/evaluation/problem/initial evaluation  
First Immunizations or 1<sup>st</sup> dose in a series  
Blood Collections (1<sup>st</sup> time or if history of fainting)  
Injury  
Major/ongoing illnesses

Siblings authorized to bring in patients under the age of 18 must be over the age of 18 years and have authorization by a parent or legal guardian.

Please complete the attached Care of Unaccompanied Minor: Consent to Treat form and return it to our office by fax, mail in the enclosed envelope or send with your child at the time of the visit.

If you have questions, please contact our office at (540) 344-9213.



## **Care of Unaccompanied Minor: Consent to Treat**

It may be more convenient to have prior authorization in place so that medical care may be delivered directly to minors if a parent or legal decision maker cannot be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment for your minor child.

### **AUTHORIZATION**

I have the legal right to authorize this facility to deliver medical treatment to my child. I request and authorize Physicians to Children, Inc. and its personnel to deliver care to my child listed below. I understand that I am financially responsible for all charges incurred for services rendered whether or not they should be paid for by insurance or by someone else. I do hereby indemnify and hold harmless the provider and other persons who act in reliance upon this authorization.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Pertinent Medical History \_\_\_\_\_

### **LIMITATIONS**

Identify the type of medical services for which this authorization is given.

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Date of service \_\_\_\_\_

### **CONTACT INFORMATION:**

Parent's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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*(Signature of Parent or Legal Guardian)*

Date \_\_\_\_\_