

Virginia Pediatric & Adolescent Center, P.C.

Consent for Care

While it is always preferable to have a parent/guardian accompany a child to the doctor's office for a visit, it is not always possible. We recognize that emergency circumstances, illnesses or vacations may necessitate someone other than the custodial parent/guardian accompanying a child to our office. It is our policy to require written permission for a non-custodial adult to accompany a child to our office for treatment and care. Please complete the following. **This consent will be filed in your child's medical record and will remain in effect until withdrawn.**

Policy Statement : For all children under age 18 years, written permission must be given by a parent, legal guardian, or custodial parent (in circumstances of divorce), in order for Virginia Pediatric and Adolescent Center to examine, perform laboratory testing, vaccinate or otherwise treat any child.

Statement of Consent:

I, _____, the custodial parent/guardian of _____
Give permission for the following individual(s) _____
_____ to accompany my child to Virginia Pediatric
& Adolescent Center for appointments. This person(s) has my consent to approve all
treatments, medications, procedures or vaccinations received at these appointments.

Signature of Parent or Guardian

Date