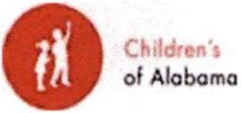


**Vestavia Pediatrics**
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John Simpson, MD
Richard Stone, MD
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Elizabeth Crum, MD
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## Consent for Medical Treatment of a Minor Child

When you are away from your child, the person entrusted with your child's care may be faced with an illness or injury to your child that cannot be treated promptly until your consent has been obtained. If you would like to give permission to your child's caretaker, or someone other than yourself to seek medical care in your absence, please complete the following form:

I______________________________give permission to ______________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

To seek medical attention for_________________________D.O.B. _____________

To seek medical attention for_________________________D.O.B. _____________

To seek medical attention for_________________________D.O.B. _____________

To seek medical attention for_________________________D.O.B. _____________

at Vestavia Pediatrics. This permission will be valid for:

1. the duration of enrollment at Vestavia Pediatric
2. from___________________________to_______________________

Signature of Parent or Guardian_____________________________Date_______________

Signature of Witness_______________________________________Date_______________

## Consent to Discuss Financial Information

Unless we have written permission, we will not discuss financial information with anyone other than the person responsible for the account as per our financial policy. If there is anyone who has your permission to discuss this information with our insurance and billing office, such as a caretaker, a stepparent or a grandparent, please list this person or persons below. **Please know that as always, the person who accompanies the patient is responsible for the bill or co-pay at time of visit.**

| ______________________________ | ______________________________ |
|---|---|
| Name | Relationship |
| ______________________________ | ______________________________ |
| Name | Relationship |
| ______________________________ | ______________________________ |
| Signature of Responsible Party | Date |