PHOENIX PEDIATRICS LTD.

6702 N. 19th Ave.
Phoenix, AZ 85015
602-242-5121
602-242-6945 Fax

4735 E. Union Hills Dr.
Phoenix, AZ 85050
602-971-5121
602-971-3122 Fax

Website: phoenixpediatrics.com

Please fill out seperate form for each child.

INFANTS • CHILDREN • ADOLESCENTS

CONSENT FOR MEDICAL CARE

CHILD'S NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH _____

_____ HAS MY PERMISSION TO AUTHORIZE MEDICAL TREATMENT IF I AM NOT AVAILABLE TO GIVE MY CONSENT.

DOCTOR _____

PHONE NUMBER _____

HOSPITAL _____

PHONE NUMBER _____

INSURANCE OR HEALTH CARD NUMBER _____

SIGNED _____ DATE _____
(PARENT OR LEGAL GUARDIAN)

HOME ADDRESS _____

HOME PHONE NUMBER _____

EMPLOYER _____

WORK PHONE NUMBER _____

WITNESS SIGNATURE _____

*** FORM MUST BE NOTARIZED FOR USE AT HOSPITALS.**