

Pediatric Dermatology

Associates of Erie LLC

CONSENT: THIRD PARTY TO ACCOMPANY MINOR FOR NON-EMERGENT CARE

I. CONSENT TO TREATMENT

This consent cannot be modified. Any handwritten changes to the form shall not be legally binding or enforceable.

At Pediatric Dermatology Associates of Erie (PDAE), we understand that from time to time a parent/legal guardian may not be able to bring his/her child to an appointment. PDAE will agree to see the child when accompanied by a designated non-guardian adult (i.e. grandparent, aunt, step-parents, etc.) with this completed consent and provided that:

1. The party accompanying the minor patient to an appointment is listed on this form.
2. The party accompanying the minor patient presents legal photo identification at the time of the appointment and the photo ID matches the name on this form.
3. The parent/legal guardian is available by telephone during the time of the appointment.
4. The parent/legal guardian has signed all of the required documentation, including the HIPAA form which must ALSO list the individual(s) bringing the patient to the appointment as listed below.
5. The party accompanying the minor patient brings insurance cards and copayments to the appointment.

The following individuals have my permission to bring my son/daughter (circle) to PDAE appointments and to consent for medical treatment for my child during those appointments:

Name _____ Relationship _____

Name _____ Relationship _____

1. I, _____, give permission to the above named individuals to accompany my son/daughter, _____, to appointments at PDAE and to consent to non-emergent treatments during those appointments.
2. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.
3. This authorization shall be effective until 1 year from the date signed.
4. I understand and agree to PDAE's Consent for Third Party to Accompany Minor for Non-Emergent Care.

Patient/Parent/Guardian Signature	Date	Signature of Parent/Guardian Name (please print)
Relationship to Patient	Date	Signature of PDAE Representative