



Robbins Pediatrics

ROBBINS PEDIATRICS CONSENT TO TREAT FORM

I am the parent/ guardian of _____ . I have the legal right to consent to medical and surgical treatment for this patient.

I hereby authorize employees of Robbins Pediatrics including physician's and other staff members to render medical evaluation and treatment to the patient listed below. The duration of this consent is indefinite and will continue until revoked in writing. I understand by not signing the consent the patient listed below will not receive medical care except in the case of emergency.

DELEGATION OF CONSENT

I hereby authorize (when I am unavailable to give consent) the following individuals

To consent to any and all medical care and attention for this child which is deemed necessary and appropriate by a health care provider. This consent includes, but is not limited to, medical and surgical intervention, and elective as well as emergency care.

Signature of parent/ guardian: _____

Relationship to patient: _____ Date: _____