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PARENT / GUARDIAN'S

AUTHORIZATION FOR TREATMENT OF UNACCOMPANIED MINOR

We understand that parents are busy, and may wish to send their teen or young-adult children unaccompanied to an appointment. As a courtesy, we will provide treatment to established, unaccompanied minor patients with prior written approval from a parent/guardian. This form must be completed in its entirety for each applicable date of service prior to our delivering any treatment. Completed forms should be faxed to the appropriate appointment location/ office listed below.

Please be available by telephone during the appointment in the event that the provider needs to consult with you. Thank you for your cooperation.

Date of Appointment: _____

Patient Name: _____ Patient DOB: _____

Parent / Guardian Name: _____ Telephone: _____

By signing below, I certify that I am the parent or legal guardian of the above named patient, and hereby authorize treatment by any Cobb Pediatrics, P.C. provider on the above date of service. I also agree to the following:

- 1) If the provider is unable to reach me by telephone during the appointment, any necessary procedures, vaccinations, etc. that require separate authorization from a parent/ guardian may have to be rescheduled for a later date, resulting in an additional appointment.
- 2) By sending my minor child unaccompanied to an appointment, I am confident in my child's ability to communicate to the provider any and all health concerns, as well as communicate details of the appointment and any treatment plan back to me.
- 3) Insurance will be filed for services (if applicable), and I agree to be responsible for any and all charges incurred. Deductibles, co-payments, and co-insurance are due and will be collected at the time of service.
- 4) At his/her discretion, the provider reserves the right to refuse treatment to any unaccompanied minor and may request that your child be treated only in the presence of a parent/ guardian.

 Parent/ Guardian Signature

 Date

410 Villa Rica Way
 Marietta, GA 30064
 Tel. 678-504-1199
 Fax 678-504-1175

5041 Dallas Hwy, Bldg 2, Ste D
 Powder Springs, GA 30127
 Tel. 770-425-5331
 Fax 770-425-0799