



## CONSENT TO MEDICAL TREATMENT

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born \_\_\_\_\_, do hereby consent to any medical care including any vaccines while not under my supervision and I will be available by telephone if I am needed to give verbal consent.

The following people are authorized to be present for any future appointments and make any medical decisions on my behalf.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Parent or Legal Guardian & Date

\_\_\_\_\_

---

### **Premier Pediatrics of Palm Beach**

Jeanmarie B. Connor, M.D.

Sarrie F. Katz, M.D.

J. Christie Goodwin, M.D.

Deana G. Angel, ARNP

Ph: 561-469-8989 | F: 561-469-8988 | 224 Chimney Corner Lane Suite 2032 | Jupiter, FL 33458