

PRIMARY PEDIATRICS

59 CAVALIER BOULEVARD, SUITE 330

FLORENCE, KENTUCKY 41042

TELEPHONE (859) 371-3232 FAX (859) 371-6943

We realize that parents or legal guardians may not always be able to personally bring their child(ren) to the office themselves. However, Kentucky law dictates that a patient under the age of 18 cannot be treated without a parent or legal guardian present. If a parent or legal guardian cannot be present, then anyone authorized on this form may accompany the child and give consent for treatment. This form must be completed by a parent or legal guardian.

I, _____, the parent or legal guardian of
_____, give consent for the following people
to have my child treated by Primary Pediatrics.

AUTHORIZED PERSON

RELATIONSHIP TO PARENT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____