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Phoenix, AZ 85015
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602-242-6945 Fax
Website: phoenixpediatrics.com

4735 E. Union Hills Dr.
Phoenix, AZ 85050
602-971-5121
602-971-3122 Fax

Please fill out separate form for each child.

INFANTS • CHILDREN • ADOLESCENTS

CONSENT FOR MEDICAL CARE

CHILD'S NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH _____

_____ HAS MY PERMISSION TO
AUTHORIZE MEDICAL TREATMENT IF I AM NOT AVAILABLE TO GIVE MY CONSENT.

DOCTOR _____

PHONE NUMBER _____

HOSPITAL _____

PHONE NUMBER _____

INSURANCE OR HEALTH CARD NUMBER _____

SIGNED _____ DATE _____
(PARENT OR LEGAL GUARDIAN)

HOME ADDRESS _____

HOME PHONE NUMBER _____

EMPLOYER _____

WORK PHONE NUMBER _____

WITNESS SIGNATURE _____

*** FORM MUST BE NOTARIZED FOR USE AT HOSPITALS.**