

Boulevard Center Pediatrics, Inc.

"Where your children are the center of our attention."

AUTHORIZATION/CONSENT FOR OTHER ADULTS (AGES 18+) TO BRING PATIENT(S) FOR MEDICAL CARE

Date:

I hereby authorize the individuals listed below to bring my child(ren) for an appointment/medical care at Boulevard Center Pediatrics and to make any and all decisions for the necessary treatment, procedures and immunizations for my child(ren) on my behalf during any visits.

(Valid Photo ID required at every visit):

Name:

DOB:

Patient Information

Name:

DOB:

I hereby authorize the physician(s) of Boulevard Center Pediatrics, Inc. Nurse, Nurse Practitioner or Medical Assistant under the supervision of the physician(s) to render medical treatment, which in his/her judgment may be deemed necessary for the care of my child(ren) named above.

I acknowledge that I am responsible for any and all charges in connection with any medical treatment, procedures and immunizations.

I understand I have the right to revoke this authorization for consent at any time, by submitting a written notice to **Privacy Officer, Boulevard Center Pediatrics, Inc. 3733 Fetter Park Dr. Dumfries, VA 22025.**

Name of Parent/Guardian

Signature of Parent/Guardian

Telephone Number (Please provide the best number to reach you at in the event we have a query.)