



Lone Tree Pediatrics
 10099 RidgeGate Pkwy # 360
 TEL (303) 798-3247 FAX (303) 798-3248
info@lonetrepediatrics.com
lonetrepediatrics.com

**PARENT/GUARDIAN PRE-AUTHORIZATION TO PROVIDE
 MEDICAL CARE TO AN UNACCOMPANIED PATIENT**

In order to provide the best medical care for your child(ren), we recognize there are times when you are unable to attend your child(ren)'s appointment. For your convenience, we provide this authorization to allow medical care for your child(ren) in your absence. Please review the information below. Initial the section(s) that are applicable, sign and return this form to our office **PRIOR TO YOUR CHILD(REN)'S APPOINTMENT** should you wish to authorize treatment without a parent/guardian being present.

CONSENT TO PERMIT CERTAIN INDIVIDUALS TO ACCOMPANY CHILD(REN) FOR TREATMENT:

I, _____, hereby authorize the following individual(s) to accompany my child(ren) to Lone Tree Pediatrics for the provision of medical services, and to view or discuss my child(ren)'s Protected Health Information (PHI). This form has no expiration date and any changes must be made in writing. Name(s) of step-parent, grandparent, nanny/au pair/babysitter/other and relationship to child(ren).

These individuals are able to authorize procedures such as (check authorized categories): Immunizations Lab Orders X-rays

ONLY PARENT/GUARDIAN MAY ACCOMPANY CHILD(REN) FOR TREATMENT TO LONE TREE PEDIATRICS:

I, _____, **DO NOT** authorize anyone other than the child(ren)'s father, mother, and/or guardian to accompany my child(ren) to Lone Tree Pediatrics for the provision of medical services,

CONSENT TO TREAT UNACCOMPANIED MINOR AT LONE TREE PEDIATRICS:

I, _____, request and authorize Lone Tree Pediatrics and its personnel to deliver medical care to my MINOR CHILD(REN) listed below.

Minor(s) Name(s)/Dates of Birth:

Please note: Teen drivers receiving certain vaccinations will be asked to stay in our waiting room 15 minutes POST injection for their safety. Please allow for this time in your son/daughter's schedule. We are concerned for their safety if they driving themselves.

Please print all information:

_____	_____
Last name, First name	Date of Birth
_____	_____
Last name, First name	Date of Birth
_____	_____
Last name, First name	Date of Birth

I/we may be reached at the following telephone numbers during my child(ren)'s appointment.

_____	_____	_____
Parent/Guardian/s Name	Best number to be reached	Alternate number
_____	_____	_____
Parent/Guardian/s Name	Best number to be reached	Alternate number

_____	_____	_____	_____
PRINT NAME	RELATIONSHIP	SIGNATURE	DATE

Please advise if there are parent/custodial relationships our office needs to be aware of. Thank you.