



PEDIATRICS

Dr. Shahzad A. Sheikh, MD, FAAP
Pediatric and Adolescent Medicine

Authorization for Evaluation and/or Treatment of a Minor Child Unaccompanied by Parent or Legal Guardian

Parents or Legal Guardians must accompany a child younger than 18 years of age to consent for all medical treatment provided by Kid-Doc Pediatrics. Please complete this form if your child will be coming for a visit, treatment or procedure without a parent or legal guardian.

Patient Name (s)	Date of Birth

Authorization for another person to see medical treatment for above named child(ren). I authorize:

Adult Name	Relationship to child

To seek medical care for my child(ren), listed above. I agree that they may have access to test results and other pertinent health information. I understand that I am financially responsible for all medical care provided

Signature: _____ Date: _____