Lafayette Pediatrics
JUDICE, BOUSTANY, GRANT & CLARK

AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT

On _____, 20____, I _____,
(date) (year) (name)
_____ Parent/legal guardian of _____,
(relationship to patient) (name)
_____ grant to the listed individuals:
(date of birth)

1. _____
(Name/relationship)
2. _____
(Name/relationship)
3. _____
(Name/relationship)

Grant of Authority

I hereby grant authority and the right to the above listed individuals to obtain and provide informed consent and provide consent for providing of medical care to the child(ren), specifically granting the authority to the listed individuals to consent to and authorize as they deem appropriate, i.e. such medical care, treatment, lab testing, X-rays, radiology testing, blood testing, immunization by the physicians, nurses, or other designated representatives, of Michael K. Judice, M.D., LTD., for the health safety, and welfare of the child(ren); said consent granted by the above listed individuals to be as binding as if provided by the parents directly.

This authorization will continue to be effective until withdrawn or canceled in writing by the parent(s) of the child(ren).

I understand that I may revoke this authorization in writing by sending a letter to whom the authorization is directed. If I did, it would not affect any actions already taken by the health care provider based upon this authorization.

Acknowledgments

_____ _____
PARENT SIGNATURE & DATE **WITNESS**

_____ _____
OTHER PARENT OR LEGAL CUSTODIAN: **WITNESS**