HANOVER PEDIATRIC ASSOCIATES
MEDICAL CONSENT AUTHORIZATION

_____ I, _____, am the parent of the child(ren) listed below
Parent's Name
and there are **no court** orders now in effect that would keep me from having the power to give another person permission to bring in and consent to care for my child(ren).

_____I, _____, am the legal guardian or legal custodian of the
Name of Legal Guardian or Legal Custodian
child(ren) **by court order** (copy attached, if available) and there are no other court orders in effect that would keep me from having the power to give another person permission to bring in and consent to care for my child(ren).

CHILDREN: _____ **DOB**: _____
_____ **DOB**: _____
_____ **DOB**: _____
_____ **DOB**: _____
_____ **DOB:** _____

Adults that are granted permission to consent to examinations and treatment and granted permission to receive health information about my child(ren):

NAME: _____ **RELATIONSHIP:** _____
_____ **RELATIONSHIP**: _____
_____ **RELATIONSHIP**: _____
_____ **RELATIONSHIP**: _____

The person(s) named above may consent to the following examination and treatment for my child(ren):
(Check all that apply.)
_____ Medical _____ Dental _____ Surgical
_____Mental Health _____ Developmental
and may have access to any and all records, including, but not limited to, insurance records regarding any such services.

I confer the power of consent freely and knowingly in order to provide for the child(ren) and not as the result of pressure, threats or payments by any person or agency. This document shall remain in effect until it is revoked by my written notification to my child(ren)'s medical, mental health care and insurance providers, and the person(s) named above.

In witness of, I have signed my name to this medical consent authorization, on this _____ day of _____ 201_ in _____, Pennsylvania.

_____ _____
Printed Name Parent/Guardian Signature

_____ _____
Witness Printed Name Witness Signature

_____ _____
Printed Name of Adult who is being given power to consent Signature of Same

_____ _____

_____ _____