Allergy & Asthma Centres
OF THE METROPLEX

Date: ______________ PID: ____________

Authorization to Treat Minor

I, _______________________________, the parent or legal guardian of the above patient, a minor, do hereby authorize *Allergy & Asthma Centres of the Metroplex* and its personnel to deliver routine or emergency medical treatment and services to my child as deemed necessary or advisable in my absence or in the absence of any other directly related family member. **I understand that the above minor patient must still have an adult present over the age of 18 unless otherwise authorized by the Responsible Physician of *Allergy & Asthma Centres of the Metroplex*.**

Limitations: Please identify any specific limitations on the types of medical services for which this authorization is given and any unauthorized adults who may not make emergency decisions as deemed necessary if you or any other parent/ guardian cannot be contacted (If none, state "none"):

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Parental Contact Information for emergencies/ questions regarding treatment of the minor child:

Parent's Name: ______________________ Cell Phone: __________________ Work Phone: ____________________

Parent's Name: ______________________ Cell Phone: __________________ Work Phone: ____________________

I hereby indemnify and hold harmless Allergy & Asthma Centres of the Metroplex and all their officers, agents, employees, attorneys, directors, insurers, affiliates, subsidiaries, related corporations, successors, heirs, and assigns from any and all liability for acting in reliance on this authorization. I also agree to accept financial responsibility for all care and services delivered pursuant to this authorization. This authorization shall be effective from the date it is executed until it is revoked in writing to the Practice Manager of Allergy & Asthma Centres of the Metroplex.
Only one parent signature is required.

_____________________________ ____________ _____________________________ ____________
Signature of Parent or Guardian Date Signature of Parent or Guardian Date