

Northern Virginia Pediatric Associates, PC (NVPA)

Consent to Treat Minor Patient Without Legal Guardian Present

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. (Except in instances where treatment of a minor is allowed by law (Virginia Statute 54.1-2969)). If the minor is accompanied with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

Please list those individuals who may give us consent to see your child/ren:

Name	Relationship to Patient	Name	Relationship to Patient
Name	Relationship to Patient	Name	Relationship to Patient

List specific limitations on the kinds of medical services for which this authorization is given or write none:

Check here for minors over the age of 16 you authorize to receive medical care without an accompanying adult.
 This consent shall be in effect for date _____ (only) / **OR**
 Indefinitely, until revoked by written notice.

AUTHORIZATION: I (parent/legal guardian name) _____ request and authorize Northern Virginia Pediatric Associates and its personnel to deliver routine medical care to my child/ren listed below as may be deemed necessary or advisable in the diagnosis and treatment of the minor child/ren. I am also aware that the adult presenting the child/ren, or, in the case of an unaccompanied minor, the minor, is responsible for payment of co-pay, convenience fees and, if self-pay, charges for the visit at the time of service. I have the legal right to preauthorize Northern Virginia Pediatric Associates, PC, and its personnel to deliver routine medical treatment and services to my child/ren. Routine medical care and interventions may include, but are not limited to medical evaluation, physical exam, routine immunizations, injections, lab work (examples: throat or nasal swabs, wart treatment with liquid nitrogen, minor burns, etc). ***Please be aware that Quest Diagnostics will not treat a patient under the age of 18 without an adult present.** I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in a language that I can understand.

 Parent or Legal Guardian (please print) Relationship

 Signature Date

Patient Last Name	Patient First Name	Patient DOB