



# ADVANCED ASTHMA & ALLERGY OF NNY

## Authorization for Evaluation and/or Treatment of A Minor Child Unaccompanied By Parent or Legal Guardian

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all medical treatments provided by Advanced Asthma and Allergy of NNY. Please complete this form if your child will be coming for visit, treatment, or procedure without a parent or legal guardian. **A parent/legal guardian must attend minor's first visit at Advanced Asthma and Allergy of NNY.**

Minor Patient:	Name: <input type="text"/>		
	Address: <input type="text"/>		
	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
	Date of Service: <input type="text"/>		

Authorization for minor patient (at least 16 years old) to be unaccompanied for treatment by Advanced Asthma and Allergy of NNY	I authorize and give consent for my child, listed above, to go independently to appointment, and consent to all medical treatments without the presence of parent or legal guardian. I understand that I am still financially responsible for all medical expense incurred by my child during the appointment.	
	_____ Parent/Guardian signature	_____ Date
	_____ Parent/Guardian printed name	_____ Phone number

Authorization for other individual to accompany minor patient (under 18 years old) for treatment by Advanced Asthma and Allergy of NNY	I authorize: _____ (Name of the person being authorized)	
	To give consent to medical treatment by Advanced Asthma and Allergy of NNY on behalf of my child listed above. The above-named individual may also receive test results and additional information pertinent to the care of my minor child. I understand that I am still financially responsible for all medical expenses incurred by my child during the appointment.	
	_____ Parent/Guardian signature	_____ Date
	_____ Parent/Guardian printed name	_____ Phone number

