

PIKES PEAK
Allergy & Asthma

Minor Consent Form

Patient Name:	Date of Birth:
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PARENT/GUARDIAN #1

Name: _____ Relationship to Patient: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: () Mobile Telephone: ()

Social Security Number: _____

Employer: _____

Work Address: _____

City: _____ State: _____ ZIP: _____

Work Telephone: () Extension: _____

PARENT/GUARDIAN #2

Name: _____ Relationship to Patient: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: () Mobile Telephone: ()

Social Security Number: _____

Employer: _____

Work Address: _____

City: _____ State: _____ ZIP: _____

Work Telephone: () Extension: _____

PAYMENT FOR MINOR PATIENTS: The adult accompanying a minor and the parent(s)/guardian(s) of the minor are responsible for co-insurance charges and any copayments at the time of rendered treatment. A divorce decree does not determine which party Pikes Peak Allergy & Asthma will bill for medical treatment. Divorce decrees are only binding upon the two parties who made the agreement. The parent/guardian accompanying the child(ren) on their first appointment will be considered the guarantor on the patient's account. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized.

CONSENT FOR CARE OF MINORS: Since my son/daughter is a minor (under the age of 18), I understand and agree that he/she may be evaluated and treated by Pikes Peak Allergy & Asthma staff if I am not present to give consent. This may include physical exams, skin tests, allergy injections and the prescription of medications in my absence. This agreement will be in effect until revoked by me in writing.

Signature of Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____