

East Cobb Pediatrics & Adolescent Medicine, P.C.

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Authorization and Consent for Medical Treatment of a Minor Child

I, the undersigned parent or legal guardian of minor child/children

Patient name: _____ DOB: _____
Patient name: _____ DOB: _____
Patient name: _____ DOB: _____
Patient name: _____ DOB: _____

By this written authorization do hereby authorize and give my consent to East Cobb Pediatrics, it's physicians and their authorized personnel to evaluate and administer medical treatment to my child in those situations indicated by me below where I am not physically present with my child/children.

As initialed below to indicate my consent and /or delegation of my authority to consent to the medical evaluation, diagnosis and treatment of my child/children, I agree to and hereby authorize the following actions by ECP until such time as I revoke in writing the authorization and consents listed below:

_____ I hereby authorize ECP to see, examine, evaluate and treat (including administration of immunizations and/or lab work) my child, in accordance with the personal requests of my child's caregiver, if I am not present, in accordance with the consent communicated by the below individual/individuals to ECP pursuant to the delegation of my authority granted here, and consistent with the Physicians' professional judgement of my child's medical needs.
Authorized Caregiver/Caregivers (other than parents). Caregiver must be able to provide valid picture identification.

Authorized Persons Name: _____
Authorized Persons Name: _____
Authorized Persons Name: _____
Authorized Persons Name: _____

_____ No one other than parents will be bringing patient in for treatment

FOR CHILDREN 16 YEARS OF AGE OR OLDER:

_____ I hereby authorize ECP to see, examine, evaluate and treat my child in accordance with my child's personal requests if I am not present, consistent with the Physicians' professional judgement of my child's medical needs.

Parent/Legal Guardian Name (printed)

Date

Signature of Parent/Legal Guardian

Note: If you are acting in the capacity as a court ordered and appointed legal guardian, kindly supply us with a certified copy of the guardianship order evidencing such authority.

Marietta: 1121 Johnson Ferry Road, Suite 220, Marietta, GA 30068 ph: 770-977-0094 fax: 770-509-9463
Kennesaw: 6110 Pine Mountain Road, Suite 202, Kennesaw, GA 30152 ph: 770-795-4553 fax: 770-795-4513

Visit us on the web: www.eastcobbped.com