



Preauthorization to Treat Minors

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If a parent or legal guardian cannot be present prior to treatment of minor patient, a proxy adult (grandparent, babysitter/nanny, relative, etc.) may consent for care if listed below. Please be advised that protected health information may be shared with the proxy to whom the right to consent has been delegated to facilitate informed medical decision making.

I authorize Be Pediatrics and its' personnel to provide medical care to this child in my absence.

Initials _____

I **DO NOT** authorize Be Pediatrics to provide medical care in my absence.

Initials _____

Child's

Name: _____

Child's

Name: _____

Child's

Name: _____

Child's

Name: _____

Proxy Name: _____ Relationship to
patient: _____

Proxy Name: _____ Relationship to
patient: _____

Proxy Name: _____ Relationship to
patient: _____