Harold Magalnick, M.D.
Nicholas Argyros, M.D.
Jack Herchold, M.D.
Ronald Serbin, M.D.
David Kleiner, M.D.
Luis Arroyo, M.D.
Subir K. Mitra, M.D.
Arun J. Nemivant, M.D.

Pediatrix

"We Care For Kids"

In Loving Memory of
Samuel Smith, M.D.

Yvonne M. Funcke, M.D.
Michael B. Magalnick, D.O.
Gina D. Montion, M.D.
Cathy Kelley, P.A.-C.
Lisa Drummond, PNP
Cherilyn Jacobs, PA-C.
Amy Miceli, P.A.-C.

CONTINUING CONSENT TO MEDICAL TREATMENT

Patient Name: _____ Date of Birth: _____

ID #: _____

I, _____ am the natural parent or Legal Guardian with legal custody of _____ . I authorize _____ , an adult who resides at _____ _____ in the City of _____ , State of _____, to consent to any medical examination, laboratory tests, and treatment necessary for my minor child. This shall include consenting for immunizations that my child may be eligible to receive. I permit any licensed physician, physician assistant, or nurse practitioner that may be employed by Pediatrix, to render care for my child.

PROOF

Emergency contact number for parent/guardian: _____

Patient's allergies: _____

Regularly taken medications: _____

_____

_____ _____

Signature of Parent or Legal Guardian Date

Witness: _____ Date: _____

Witness: _____ Date: _____

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