



### Parental Consent for Minor or Incapable Adult

Signing this form gives Living Water Pediatrics permission to treat the patient indicated for the items specified below. This consent form will be valid for one (1) year, or until Living Water Pediatrics is notified otherwise.

As the parent or legal guardian, I \_\_\_\_\_ (your name), give permission for \_\_\_\_\_ (patient's name) to be seen at Living Water Pediatrics according to the guidelines listed below.

- May visit Living Water Pediatrics' office alone
- May visit Living Water Pediatrics' office or have a house call with a responsible adult

I give permission for the following:

- Well child visits, sports physical or routine physical examinations
- Sick visits
- Immunizations, after informed consent obtained by parent or legal guardian
- Medication injections, after informed consent obtained by parent or legal guardian
- Allergy Shots
- Other: \_\_\_\_\_

If additional treatment is needed, then I am to be contacted to give verbal consent.

I can be reached at (phone numbers): \_\_\_\_\_ or

\_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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