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Katelyn Dillard, AuD, CCC-A
Stephanie Helton, AuD, CCC-A

Adult and Pediatric Diseases of the Ear, Nose, and Throat; Head and Neck Surgery; Balance Disorders; Allergy Testing and Treatment; Comprehensive Hearing Testing; Hearing Aid Sales and Services

Consent to Treatment of a Minor When Parents/Guardians Are Temporarily Unavailable

Patient's Name (Please print): _____ DOB: _____

The undersigned parent or legal guardian of the above-named child authorizes the person(s) listed below to consent to treatment of the child, including, but not limited to, emergency services, diagnostic imaging, anesthetic, allergy injections, or surgical services when I am not immediately available in person or by telephone call to the number below. It is understood that this consent is given in advance of any specific diagnosis or treatment and allows the physician / provider to diagnose and treat the child even when the parent and / or guardian is not present.

1. Person(s) ***other than parent/legal guardians*** who may consent to treatment on your behalf (please print):

   Name: _____ Relationship to Child: _____

   Phone: _____

   Name: _____ Relationship to Child: _____

   Phone: _____

   Name: _____ Relationship to Child: _____

   Phone: _____

2. Medical concerns: _____

3. Known allergies: _____

Name of Parent / Legal Guardian (Print Name) : _____

Relationship to Child: _____

Phone Number of Parent / Legal Guardian: _____

Signature: _____ Date: _____

This consent is effective until withdrawn in writing by the child's parent or guardian.