



Parental Consent for Treatment

I hereby authorize employees and agents; including physicians and therapists of this medical office to render routine medical care to the patient indicated on this form and to fulfill the orders of the physicians; including consultants, associates, and assistants of the physicians' / therapists' choice.

I consent for:

Child's Name: _____ DOB: ____/____/____ Male Female

To authorize evaluation and treatment for my child named herein when I am not available. I understand that this authorizes the person(s) named above to consent to medical and surgical procedures for the child named herein.

The duration of this consent is indefinite and continues until revoked in writing. I understand that by not signing this consent, the patient will not be provided medical care except in the case of emergency.

Signature of Parent or Legal Guardian

Date

Please print name: _____

Financial Responsibility

I hereby authorize payment of medical benefits directly to Keystone Pediatric Therapy PLLC (hereinafter "KPT") and/or any of the attending therapists for services rendered. Authorization is hereby granted to release information contained in my medical record as may be necessary to process and complete my insurance claim. I understand that this authorization may include release of information regarding communicable diseases, such as acquired immune deficiency syndrome ("AIDS") and human immunodeficiency virus ("HIV"). I understand that I am financially responsible for the total charges for services rendered which may include services not covered by my insurance companies. I agree that all amounts are due upon request and are payable to KPT. I further understand should my account become delinquent; I shall pay the reasonable attorney fees or collection expenses of KPT, if any.

The duration of this authorization is indefinite and continues until revoked in writing. I understand that by not signing this release of information, I am responsible for payment of services in full before the services are rendered.

Signature of Parent or Legal Guardian

Date

Please print name: _____