

Immunization and Treatment Policies

Pediatric Health Associates requires a parent/legal guardian to accompany their child to each and every office visit. In the event that this is not possible, then a written release must be provided to PHA including the following:

- 1) Date the release is written**
- 2) Child's name**
- 3) Child's date of birth**
- 4) Parent/legal guardian signature**
- 5) Phone number where parent/legal guardian can be reached in case of an emergency**
- 6) Person authorized to accompany your child and make medical decisions in the event that a parent/legal guardian cannot be contacted. Please note this person's relationship to the parent and child.**

This is only effective for one date of service. Please note that immunizations/allergy shots will only be given in the presence of the parent/legal guardian. Any other requests outside these guidelines must be approved in writing by our nursing manager.

Authorization for Treatment of a Minor

1) **Today's Date:** _____

2) **Child's Name:** _____

3) **Child's Birthdate:** _____

4) **Phone Number where Parent/Legal Guardian can be reached in case of an emergency:**

5) **Name of person authorized to accompany child for medical treatment and to make medical decisions in the event that a parent cannot be reached:**

Name and Relationship to Parent/Legal Guardian

Parent/Legal Guardian Signature: _____