



ALLERGY & ASTHMA CENTER OF GEORGETOWN

3201 South Austin Avenue, Suite #140, Georgetown, TX 78626

Phone (512)868-6673, Fax (512)819-0021

AUTHORIZATION FOR A MINOR OR ADULT PATIENT REQUIRING A GUARDIAN

It is office policy at the Allergy & Asthma Center of Georgetown that a minor less than 18 years of age or an adult requiring a guardian must be accompanied by the parent or legal guardian for all visits in the clinic. If the guardian has authority to make medical decisions on behalf of a minor or an adult, the guardian must give authorization for treatment.

Please list the names of persons (must be 18 years or older) and relationship to the patient who are authorized to bring and make medical decisions for the patient in our clinic if the parent or guardian is not present when the patient is in the clinic.

The authorized persons must have identification to present at the front desk.

Names of Authorized Persons

Relationship to Patient

For minors age 16-17 years on allergen immunotherapy injections:

_____ By initialing in this box, as the parent/legal guardian of the below named minor patient, I acknowledge that this child is 16-17 years of age, and I hereby give my consent for the administration of immunotherapy (allergy injections) to the child in my absence at the office of Allergy & Asthma Center of Georgetown. I also consent to the administration of any emergency medical treatment deemed necessary in my absence, whether treatment is administered in the office or at a hospital. I also give consent to request an ambulance for the child to be transported to the nearest medical facility.

By signing below, as the parent/legal guardian, I consent that all authorized adults listed above can make medical decisions and give authorization for treatment on behalf of the patient listed below.

Minor/Adult Patient Name _____ D.O.B. _____

Parent/Legal Guardian Name (Print) _____

Parent/Legal Guardian Signature _____ Date _____