

**Authorized Individuals for Consent to Treat**

The purpose of this consent is to give a trusted person of your choosing permission to talk about the medical needs/treatments for the patient. This consent also allows the following individuals to attend appointments for care of minor patients in the event the parent or guardian cannot be present.

I authorize the following list of individuals to consent for treatment of myself or my child. I understand that by providing the following information about the individuals, I am allowing Jennifer Midgett, LLC / Premier Pediatrics of Louisiana to verify to the best of their ability the identity of the individual. If at any time I wish to remove a name from this list of persons authorized to consent for medical care of myself or my child, I may do so by requesting a new form, filling it out, and signing again.

**Please list 2 trusted individuals, to whom you give consent to attend and/or discuss the medical care of the patient. Identification will be required at the time of the appointment if the patient is accompanied by any of the following individuals.**

<i>First and Last Name of Individual</i>	<i>Relationship to Patient</i>	
<i>First and Last Name of Individual</i>	<i>Relationship to Patient</i>	
<b>Signature of Parent/Guardian</b>	<b>Name of Parent/Guardian</b>	<b>Date</b>

**VACCINE ADMINISTRATION RECORD OF CONSENT OR REFUSAL TO VACCINATE**

All parents/guardians and patients should be informed about the risks and benefits of preventative and therapeutic procedures, including vaccinations. The American Academy of Pediatrics strongly recommends discussion of vaccines risk and benefits. The Federal Law also mandates the discussion of vaccine risk and benefits be discussed by the provider and parents/guardians and patient with access to Vaccine Information Sheets.

As a Primary Care Provider, it is our job to inform you completely of all known information in regard to any treatments, preventative and therapeutic procedures including vaccines. When information is provided, the parent/guardian and patient can make the best decision for the patient’s care and treatment.

All vaccine information such as immunization schedules, past and current information, and vaccine information sheets can be obtained in our office and online through the CDC’s Vaccination website for your convenience.

**Vaccination status does not determine patient care at Premier Pediatrics of Louisiana. We welcome all walks of life at our clinic!**

Childhood vaccines include but aren’t limited to the following: Hep B, DTaP, Tdap, DT, Hib, PCV, IPV, MMR, Varicella, Flu, Meningococcal, Hep A, Rotavirus, HPV.

**Below please list your vaccination status for your patient**

- Yes, I vaccinate.       No, I do not vaccinate.       Unsure, I have questions about vaccines.

<b>Signature of Parent/Guardian</b>	<b>Name of Parent/Guardian</b>	<b>Date</b>
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