



South Tulsa Ear Nose & Throat Center, PC
Michael B. Shaw, D.O. Thomas V. Nunn, D.O. Margie S. Bauman, ARNP
SouthCrest Medical Plaza
8803 S. 101st East Avenue, Suite 165, Tulsa, OK 74133-5716
(918)-459-8824 (918)-307-2239 Fax

Authorization for Treatment to Minor

Minor's Name: _____ Date of Birth: _____

I/we, the undersigned parent (s)/legal guardian (s), of the minor person listed above do authorize the physicians and medical personnel of South Tulsa Ear Nose & Throat Center, PC to provide health services to this minor in the presence of the following adult in the absence of a parent or legal guardian:

_____/_____
Name of person with child Relationship

_____/_____
Name of person with child Relationship

This health service may include, but is not limited to: examination, preventative and/or curative treatment, weekly allergy injection, laboratory examination, anesthetic, medical or surgical diagnosis, and any consultation deemed necessary at the physician's discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and is given to encourage the physician to exercise his or her best judgment as to the requirements of such diagnosis or medical treatment in my/our absence.

The adult accompanying the child will be responsible for providing any co-pays, co-insurance or deductibles due at the time of the visit. I understand that I am still financially responsible for any and all charges incurred in providing medical treatment to my minor child.

This consent shall remain in effect until revoked, in writing, by parent(s) or legal guardian(s), or until the child may legally consent for him or herself.

Signature-Parent or legal guardian

Date

Signature-Parent or legal guardian

Date