



231 Midland Park
Shelbyville, Ky 40065
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Parental Permission to Accompany Minor Form

I, _____, give my permission to _____
(Name of Parent/Guardian) (Name of Adult to be accompanying child)

to accompany my child _____ to doctors appointments at
(Childs Name and DOB)

Future Hope Pediatrics, and authorize medical evaluation and treatment in accordance with the office policy of Future Hope Pediatrics.

This includes:

- Bringing the child into the office of Future Hope Pediatrics
- Providing a history of present illness
- Disclosing protected health information
- Accompanying consented research study procedures
- Witnessing any physical exam completed by the provider

This adult has the responsibility to relay any diagnosis, treatment plan or prescription(s) to the parent or legal guardian mentioned above.

I agree to be available by phone and to be financially responsible for all copays and coinsurance.

X _____
(Signature of Parent/Guardian) (Date)

Please provide picture ID of responsible Adult when submitting this form

If you wish to revoke this permission at any time, please contact our office and let us know.