

Patient \_\_\_\_\_ Birthdate \_\_\_\_\_

**PATIENT'S CELL:**( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ (or check one)  has no cellphone  decline to share

**Note: especially for our older patients, this is often helpful for us if we are unable to reach a parent about an appointment or issue.**

To comply with New York State law, Northcourt Pediatrics requires that a parent or legal guardian (not step-parent unless they are a legal guardian) consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to the care, the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent medical appointment without a parent or legal guardian or a signed consent, treatment may be denied.

Please indicate for each contact if you wish to allow them to authorize treatment and immunizations when accompanying your child to an appointment. Authorization will remain in effect until revoked in writing or patient turns 18 years old. We must obtain an authorized individual's signature each time immunizations are administered.

**PRIMARY CONTACT:** Custodial  Yes  No Take to Appointment  Yes  No Authorize Vaccines, Labs & procedures  Yes  No

1. FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Landline Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

When Confirming Appointments, do this first (check 1)  Text  Email  Call Cell  Call Landline  Call Work

When Calling, use this number first, (check 1)  Call Cell  Call Landline  Call Work

**(Please refer to our Appointment Confirmation Policy for further information regarding our confirmation process)**

**ADDITIONAL CONTACTS**

2. FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Landline Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Custodial  Yes  No Take to Appointment  Yes  No Authorize Vaccines, Labs & procedures  Yes  No

3. FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Landline Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Custodial  Yes  No Take to Appointment  Yes  No Authorize Vaccines, Labs & procedures  Yes  No

4. FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Landline Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Custodial  Yes  No Take to Appointment  Yes  No Authorize Vaccines, Labs & procedures  Yes  No

**For additional contacts please fill out an additional form**

I further agree to reimburse Northcourt Pediatrics for the cost of any services to that are not covered, or are assigned to patient responsibility by the minor's insurance.

Patient or Patient's Legal Representative (Please Print) \_\_\_\_\_

Description of Representative's Authority (e.g. "Parent", "legal guardian", etc.) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL FOR PATIENTS OVER 16 YEARS OLD**

**AUTHORIZATION FOR UNACCOMPANIED VISITS (do not complete if patient is < 16 years old)**

My child is at least 16 years old. I  do  do not authorize my child to receive routine care, unaccompanied until revoked in writing or patient is 18 years. (I understand that immunizations will require specific additional written authorization at the time of each visit).

Signature \_\_\_\_\_ Date: \_\_\_\_\_