



Temporary Authorization for Minor Accompanied by Individual NOT Parent/ Legal Guardian

Minor's Name: _____ Date of Birth: _____

I give _____ (name and relationship of the adult person accompanying the minor) my permission to accompany my child (above mentioned minor) for the visit at Pediatric Heart Care and authorize treatment and investigations for my child.

I authorize Pediatric Heart Care to submit charges arising from this visit to above minor's health insurance. I am aware that I will have the full responsibility of all financial costs resulting from this visit and treatment authorized by the above authorized person.

In addition, Pediatric Heart Care/ associated healthcare providers have my permission to refer my child's emergent care to appropriate service or provider to render optimal care for the treatment of any illness or injury.

This agreement begins _____ (date) and ends _____ (date). If termination date is not mentioned, then it will be considered active until revoked in writing.

I understand that I can revoke this authorization at any time by giving a request in writing to Pediatric Heart Care at 2955 Harrison Ave, Suite 100, Beaumont TX 77702. The revocation will not affect the care provided prior to the requested date.

Parent/ Legal Guardian Signature: _____

Parent/ Legal Guardian Name: _____

Name of Authorized Adult Accompanying the Minor: _____

Date: _____