

Authorization for Medical Treatment and Use and Disclosure of Protected Health Information

Child(ren)	Birthdate	Age	School Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Doctor
 All Star Pediatrics, Inc.
 4995 49th Street North
 St. Petersburg, Florida 33709-5901
 24-Hour Phone: 727-525-7852

Child(ren)'s Medical Insurance	Health Plan	ID#	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent or Legal Guardian	Contact Phone number(s)
Name: _____	Home: _____
Address: _____	Work: _____
City/St/Zip: _____	Cell: _____

Other Adult(s) to Notify in Case Parent or Legal Guardian Cannot Be Reached

_____	Home: _____	Alt Phone: _____
_____	Home: _____	Alt Phone: _____
_____	Home: _____	Alt Phone: _____

Authorization and Consent of Parent or Legal Guardian

I affirm that I have legal custody of the minor child(ren) indicated above. I give my authorization and consent for _____ to authorize necessary medical or dental care for this child. Such medical treatment shall be provided upon the advice of and supervision by any physician, surgeon, dentist or other medical practitioner licensed to practice in the United States.

Contact information for Authorized Person:

Person's Relationship to Child _____	Home: _____
Address _____	Work: _____
City/St/Zip _____	Cell: _____

Authorization for use and disclosure of Protected Health Information

In addition, my signature below allows All Star Pediatrics, Inc. to use and disclose private health information (PHI) with the person mentioned in the above paragraph in any manner in accordance with the Notice of Privacy Practices as posted in the office and as read and understood by me on the date below. I understand I may revoke this authorization at any time, in writing, except to the extent that an action has already been taken in reliance on the use and disclosure as signed on the date below.

_____	Date: _____
Parent or Legal Guardian	

[Notary Seal]