



CONSENT TO TREAT

I do hereby consent and authorize to any medical/surgical/ laboratory care of

_____ by Pediatric Pod,. I have the legal right to give above consent and

I am the parent/legal guardian of _____.

This authorization is intended to remain in full force and effect until terminated by me in writing.

Initial _____

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I acknowledge I have received this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed.

Signature of Parent/Legal guardian

Date