



Patient Name:

Patient MRN:

PATIENT PRESENTS FOR APPOINTMENT WITHOUT LEGAL REPRESENTATIVE AUTHORIZATION FOR TREATMENT

Quality health care requires a team approach between the parent/legal representative and your child's health care provider. Nemours encourages the parent/legal representative to be present with their child at all visits. The presence of the parent/legal representative ensures good two-way communication to make certain your child's health care needs are understood and addressed. Nemours understands, however, that occasionally minor children live with and/or are well cared for by members of their extended families or others. As a result, on occasion a minor requiring treatment will not be accompanied by the parent/legal representative, and efforts by Nemours to communicate with the minor's parent/legal representative at the time of the visit may not be desired by the parent/legal representative.

I represent that I am the parent/legal representative and have the legal authority to authorize the examination and treatment of: _____ by Nemours health care providers and associates. I understand that the examination and treatment may include the use of x-rays, laboratory tests, photographs, medications, and other diagnostic procedures and tests normally provided in a pediatric health care clinic, but does not include consent to surgery, general anesthesia, provision of psychotropic medications or other extraordinary procedures for which a separate written informed consent as provided by law is required.

I understand and consent to Nemours making recordings (photographs, video, electronic or audio media) of my child for identification, diagnosis and treatment purposes and that these recordings may also be:

- Used within Nemours for performance improvement, medical education, and other purposes related to healthcare operations provided my child's identity is revealed only when necessary to complete the task.
- Disclosed to individuals external to Nemours only if my child's identity has been completely removed from the recording, or if Nemours has a written authorization from me, my child's legal representative, or my child upon reaching the age of majority (adulthood).

I authorize the examination and treatment of my child listed above by Nemours. I understand that this authorization applies and extends to subsequent visits and appointments at Nemours, even if my child is not accompanied by me, and is valid for one year.

I understand it is my obligation to know when my child is examined and treated at Nemours, to know who accompanied my child to the visit, if anyone, and to take steps promptly following the visit to make sure I understand the recommendations and plans instituted by Nemours to address my child's health needs. I understand the recommendations and plans instituted by Nemours to address my child's health needs will be shared with the person who accompanied my child to the visit, and that I may obtain the recommendations and plans from that person or by communicating with the Nemours provider who examined and treated my child.

Print Name

Signature

Date

Time

Relationship to Patient

* Nemours includes Delaware Valley and Florida operating divisions and sites, including, but not limited, Nemours/Alfred I. duPont Hospital for Children; The Alfred I. duPont Hospital for Children Surgery Center, to Bryn Mawr; Nemours duPont Pediatrics - Delaware Valley; Nemours Children's Hospital; Nemours Children's Clinic; Nemours Children's Urgent Care.