Centennial Pediatrics, PC

15464 E. Orchard Road

Centennial, CO 80016

I (We) as the parent(s) or guardian(s) consent to medical care of a routine/emergency nature from the authorized professional staff of Centennial Pediatrics for myself or my (our) child listed below:

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Patient (Please Print) Date of Birth**

As the parents(s) or guardian(s) of the above minor, I authorize the following individual(s) to consent to care and treatment should I not be available to do so:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and relationship to patient** **Name and relationship to patient**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and relationship to patient** **Name and relationship to patient**

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent/guardian Date**

**PLEASE LIST YOUR PRIMARY AND SECONDARY INSURANCE**

IT IS YOUR RESPONSIBILITY TO INFORM YOUR PRIMARY CARE PHYSICIAN OF ALL INSURANCE COVERAGES IF APPLICABLE.

**PRIMARY INSURANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECONDARY INSURANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Acknowledgement of Financial Policy/Privacy Practices

I hereby acknowledge that I received Centennial Pediatrics’ Financial Policy and understand my financial obligation. I also acknowledge that I have been informed that Centennial Pediatrics’ Notice of Privacy Practices is posted in the office, available on their website, and a copy is available upon request. I also have received a copy of the office policies. **Please note a fee for late cancellations.**

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent/guardian Date**

UPDATE 2/20/18