

PIKES PEAK ALLERGY & ASTHMA

If patient is a minor (under 18) please complete the following information:

DAD'S NAME _____

Address _____ City _____ State _____ Zip _____

Home number _____

Employer _____ Address _____

State _____ Zip _____ Work number _____ Ext _____

Pager or Cell phone number _____

MOM'S NAME _____

Address _____ City _____ State _____ Zip _____

Home number _____

Employer _____ Address _____

State _____ Zip _____ Work number _____ Ext _____

MINOR PATIENTS:

THE ADULT ACCOMPANYING A MINOR, AND THE PARENTS OR GUARDIANS OF THE MINOR ARE RESPONSIBLE FOR CO-INSURANCE CHARGES AND ANY COPAYMENTS AT THE TIME OF RENDERED TREATMENT.

A DIVORCE DECREE DOES NOT DETERMINE WHICH PART PIKES PEAK ALLERGY & ASTHMA WILL BILL FOR MEDICAL TREATMENT. DIVORCE DECREES ARE ONLY BINDING UPON THE TWO PARTIES WHO MADE THE AGREEMENT. THE PARENT/GUARDIAN ACCOMPANYING THE CHILD/CHILDREN ON THEIR FIRST APPOINTMENT WILL BE CONSIDERED THE GUARRANTOR ON THE PATIENT'S ACCOUNT. FOR UNACCOMPANIED MINORS, NON-EMERGENCY TREATMENT WILL BE DENIED UNLESS CHARGES HAVE BEEN PRE-AUTHORIZED.

CONSENT FOR CARE OF MINORS:

SINCE MY SON/DAUGHTER IS A MINOR (UNDER THE AGE OF 18) I UNDERSTAND AND AGREE THAT HE/SHE MAY BE EVALUATED AND TREATED BY PIKES PEAK ALLERGY & ASTHMA STAFF IF I AM NOT PRESENT TO GIVE CONSENT. THIS MAY INCLUDE PHYSICAL EXAMS, SKIN TESTS, ALLERGY INJECTIONS AND THE PRESCRIPTION OF MEDICATIONS IN MY ABSENCE. THIS AGREEMENT WILL BE IN EFFECT UNTIL REVOKED BY ME IN WRITING.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

WITNESS _____ DATE _____