



## **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 the 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**