



Serenity Pediatrics

71 E. Long Lake Rd. Bloomfield Hills, MI 48304

Phone: (248) 533-0000 fax: (248) 385-5541

Third Party Authorization for Treatment and Examination

By signing this authorization, I authorize the listed individuals below over the age of 18 to bring my child(ren) to Serenity Pediatrics for medical care. I authorize these individuals to provide medical treatment as necessary for my child(ren)'s health, including evaluations, perform diagnostic procedures, administer immunizations and provide medical treatment as deemed necessary by the provider. I authorize Serenity Pediatrics or their representative to act on my behalf, in providing my child such care when I cannot be contacted. I understand that I will be responsible in providing Serenity Pediatrics with up to date pertinent history and information prior to each appointment and to make arrangements to receive follow-up instructions and treatment plans. If such efforts to communicate with me are unsuccessful, I authorize Serenity Pediatrics to take appropriate action and give consent on my behalf as his/her judgment dictates. This authorization may be cancelled at any time and shall remain active until such time it is canceled in writing or a new, updated authorization is received. I understand that we are responsible for all reasonable charges in connection with the care and treatment of my children as listed above.

This authorization applies to:

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

I, _____, the parent/legal guardian of the above named child(ren) authorize for the following individuals to make such medical decisions as listed above, in my absence:

Name of Individual: _____ Relationship to Patient: _____ Phone #: _____

Name of Individual: _____ Relationship to Patient: _____ Phone #: _____

Name of Individual: _____ Relationship to Patient: _____ Phone #: _____

Signature of Parent or Legal Representative/ Printed Name

Date

Signature of Witness/ Printed Name

Date