Chart #:___________

CHILD NAME: ____DOB: ____________________

AGE: __________SEX: (M/F)_____________ PRIMARY LANGUAGE: ___________________

RELATIONSHIP TO PATIENT: PARENT/GUARDIAN: _________________________________

SIBLINGS: ____

HOME ADDRESS:____

CITY:_________________STATE: __________________ ZIP CODE: ___________________

PRIMARY PHONE #: __________________ SECONDARY PHONE #:____________________

EMAIL: ____

PHARMACY NAME: CVS WALGREEN WALMART TARGET SAV-ON SMITHS

CROSS STREETS: ____

PARENT INFORMATION

MOTHER'S FIRST NAME: __________________ MOTHER'S LAST NAME:_______________

DATE OF BIRTH:__________________________ MARITAL STATUS:____________________

SOCIAL SECURITY #:______________________ EMPLOYER:_________________________

CELL PHONE:__________________________ WORK PHONE: ______________________

FATHER'S FIRST NAME: __________________ FATHER'S LAST NAME:________________

DATE OF BIRTH:__________________________ MARITAL STATUS:____________________

SOCIAL SECURITY #:______________________ EMPLOYER:_________________________

CELL PHONE:___________________________ WORK PHONE: _______________________

Parent/Legal Guardian Signature: ________________________________ Date: __________

PARENT/LEGAL GUARDIAN CONSENT

DATE: ____________

CHILD'S NAME: ________________________________ DOB: _______________

I, _______________________, am granting permission to the person(s) listed below to make medical decisions for the above mentioned minor in my absence. The person(s) named below is aware that they have been granted this temporary permission and is not to be considered as permanent guardianship. Advanced Pediatrics and its physicians and medical staff have my permission to see the above mentioned child in my absence.

- ☐ This authorization DOES INCLUDE the administration of vaccinations.
- ☐ This authorization DOES NOT INCLUDE the administration of vaccinations.

Please list the names of the person(s) included on this authorization:

(DO NOT list mom or dad, this is in case mom or dad is unable to bring a child to the appointment.)

1. _________________________
2. _________________________
3. _________________________
4. _________________________

Legal Guardian's Name (Please Print): ____________________________________

Legal Guardian's Signature: __________________________ Date: ____________