



MELNICK, MOFFITT & MESAROS ENT ASSOCIATES

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Adult and Pediatric Otolaryngology
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Authorization for Evaluation/Treatment of a Minor Patient Unaccompanied by Parent/Legal Guardian

A Parent/Legal Guardian must accompany a child younger than 18 years of age to consent for all medical/surgical treatment provided by *Melnick, Moffitt and Mesaros ENT Associates*. Please complete this form if your child will be coming for a visit, treatment or procedure without a parent/legal guardian. This consent is valid for the specified time period with maximum of ONE (1) year from date signed.

Minor Patient Name _____ Date of Birth _____

Address _____

Emergency phone number for parent/legal guardian _____

Written consent is valid for this time period of _____ to _____,
(Not to exceed one year) at which time a new consent form will be required. This consent may be revoked by me at any time in writing.

Patient under 18 ears of age accompanied by another individual:

I authorize _____
(name of person being authorized) (relationship to patient)

to give consent to medical treatment by *Melnick, Moffitt and Mesaros ENT Associates* on behalf of my child listed above. This authorized individual may also receive test results and additional information pertinent to the care and treatment of this minor child. I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

Parent/Legal Guardian Signature Date

Printed Name of Parent/Legal Guardian _____

Minor patient authorization that is unaccompanied for treatment:

I authorize and give consent for my child, listed above, to go independently to appointments and consent to all medical and/or surgical treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all medical expenses incurred by child during these appointments.

Parent/Legal Guardian Signature Date

Printed Name of Parent/Legal Guardian _____

PLEASE HAVE AUTHORIZED INDIVIDUAL PRESENT THIS FORM WITH EACH VISIT