

## WHEN YOU CANNOT ACCOMPANY YOUR CHILD TO FOREST HILLS PEDIATRICS

We encourage parents to come to all of their children's appointments at Forest Hills Pediatrics, but we realize that it is not always possible. If you are unable to accompany your minor child to an appointment, we request that you send consent for their treatment along with them. Whether it's your teenager who drives themselves or they are accompanied by an older sibling, grandparent or nanny, please print and complete the consent form found under "forms" on this web site. Your consent is important for all visits because we try to ensure that every child has received all their recommended screening labs, immunizations and medical therapies. We will explain all recommendations to the accompanying adult (or teenage child), but they cannot give permission without your written consent.

**FOREST HILLS PEDIATRICS**

877 Forest Hill Ave, Grand Rapids, MI 49546

Phone: (616) 949-4465

Fax: (616) 949-6191

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ as parent or legal guardian of child(ren) listed above,  
authorize \_\_\_\_\_ to bring my child(ren) to Forest Hills Pediatrics for the following  
types of visits:

- Evaluation and treatment
- Well visits
- Immunizations (as recommended by the AAP)
- Lab test

This Authorization is valid:

- From \_\_\_\_\_ to \_\_\_\_\_.
- For one year or until revoked by me

You may reach me at the following phone number \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

