



Consent for Medical Care

The doctors of Lamorinda Pediatrics and any doctors, hospitals or agents they may designate, have permission to provide medical or surgical care, including examination, treatment, immunizations, injections and laboratory tests for _____.
Patient Name

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization in order to avoid delay in providing such treatment as deemed necessary by the doctors of Lamorinda Pediatrics.

This authorization to treat will remain in effect until revoked in writing.

Person(s) authorized to consent for treatment (ex: grandparent, nanny, babysitter, etc.)

Parent Signature

Date