



Janet McCormick, M.D., F.A.A.P.
Lorna McFarland, M.D., F.A.A.P.
Eric Lau, M.D., F.A.A.P.
Kirat Grewal, M.D., F.A.A.P.

Jill Gaoghagan, M.D., F.A.A.P.
Gin Lee-Hong, M.D., F.A.A.P.
Eddie Quan, M.D., F.A.A.P.
Janet Chou, M.D., F.A.A.P.

Authorization to Treat Minor Children

I hereby consent to and authorize the physicians at Columbia Pediatrics Medical Group, Inc., to examine and render treatment to my minor child at any time it is deemed medically necessary. This authorization shall remain valid for all Columbia Pediatrics medical encounters unless otherwise instructed by me, the parent/legal guardian.

Child/Patient's Name

Child/Patient's Birthdate

Parent/Guardian Name

Relationship to Patient

Parent/Guardian Signature

Date of Signature

Witness

I also give permission to the following adult family members and/or caregivers to authorize medical care and treatment on my behalf in the event I cannot personally accompany my child. I can revoke this permission at any time by crossing out and initialing each entry:

