

# CHILD HEALTH ASSOCIATES, P.C.

I \_\_\_\_\_ (name of parent/guardian) give permission for Child Health Associates, P.C. to provide all necessary medical care for my child/children

**PLEASE LIST ALL CHILD/CHILDREN LEGAL NAMES:**

M \_ F \_ FIRST \_\_\_\_\_ MI \_ LAST \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ PT# \_\_\_\_\_  
M \_ F \_ FIRST \_\_\_\_\_ MI \_ LAST \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ PT# \_\_\_\_\_  
M \_ F \_ FIRST \_\_\_\_\_ MI \_ LAST \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ PT# \_\_\_\_\_  
M \_ F \_ FIRST \_\_\_\_\_ MI \_ LAST \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ PT# \_\_\_\_\_  
M \_ F \_ FIRST \_\_\_\_\_ MI \_ LAST \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ PT# \_\_\_\_\_  
M \_ F \_ FIRST \_\_\_\_\_ MI \_ LAST \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ PT# \_\_\_\_\_

**ADDRESS OF WHERE THE CHILD/CHILDREN RESIDE:**

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**WITH WHOM DOES THE CHILDREN RESIDE** \_\_\_\_\_

**PRIMARY PHONE NUMBER** \_\_\_\_\_ **ALTERNATE PHONE** \_\_\_\_\_

**E-MAIL ADDRESS**( we will only use this to communicate practice information with you) \_\_\_\_\_

**PREFERRED PHARMACY NAME & LOCATION** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR PRACTICE (NEW PATIENT ONLY)** \_\_\_\_\_

**BILLING ADDRESS (IF DIFFERENT)** ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ ALT NUMBER \_\_\_\_\_

<b>FATHER AND/OR GUARDIAN</b>			
FIRST _____	MI _____	LAST _____	DOB ___ / ___ / ___
OCCUPATION _____	BUS PHONE _____		SS _____
EMPLOYER _____	ADDRESS _____		

<b>MOTHER AND/ OR GUARDIAN</b>			
FIRST _____	MI _____	LAST _____	DOB ___ / ___ / ___
OCCUPATION _____	BUS PHONE _____		SS _____
EMPLOYER _____	ADDRESS _____		

**EMERGENCY MEDICAL RELEASE/CONSENT**

I, \_\_\_\_\_ give my permission for (list below) to seek medical care for my child/children through office visits or telephone advice.(Someone other than the parent or guardian)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_