

General Consent Form

Part I

I would like my child, _____, to receive regular medical
(child's name)

care at Eastglen Pediatrics, Inc. but I may not always be able to accompany him or her. In the event my child is brought to Eastglen Pediatrics, Inc. for well care or for a sick visit by an adult other than a parent or legal guardian, I give consent for my child to receive medical care, including routine childhood immunizations.

Witness (office staff)

Parent(s)'s signature

Date

Date

Please feel free to specify certain caregivers below:

Part II

I give consent for Eastglen Pediatrics, Inc. to release the immunization record of my child,
_____, if requested by a preschool, daycare, school, another
(child's name)
doctor's office, or health department.

Witness (office staff)

Parent(s)'s signature

Date

Date



Please note: If you do not give your consent, you will need to sign each time your child's shot record is requested by anyone other than a parent or legal guardian.