



www.cottonwoodpeds.com

Cottonwood Pediatrics
700 Medical Center Dr, Ste 150
Newton KS 67114
316-283-7100

Consent to Treat
(Age 16 and older)

TO AVOID DELAYS IN TREATMENT

Please return this completed form by mail to the address above,
or by fax to 316-283-7118,
BEFORE the child's appointment

I/We, the undersigned parent(s) or legal guardian of the child listed below,

authorize: _____ Date of birth: _____
Name of child (who is age of 16 or older)

to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, immunizations,
injections or treatment; and/or hospital care to be provided to said child, when such services are
recommended and supervised by Cottonwood Pediatrics. I/We authorize Cottonwood Pediatrics to call
in, at their discretion, any necessary consultants.

I affirm that my child is mature and well-informed, having the intellectual capacity, experience and
knowledge necessary to substantially understand the situation at hand and the consequences of the
choices that can be made.

I understand that, despite my belief in my child's ability to make his/her own health care decisions,
Cottonwood Pediatrics, in its sole discretion, may decide not to act on my child's consent, and
instead require my presence during his/her treatment or care.

I also understand that I am financially responsible for any co-pays and charges not covered by my
insurance which are incurred as a result of my child's consent to treatment.

Unless it is revoked sooner in writing, this consent remains in effect until my child is

[] 18 years old [] until the ____ of _____, 20 ____.

Father's signature AND/OR Mother's signature

Date OR Legal Guardian's signature

Parent/guardian's home address: _____ Phone: _____

I agree to see to, and may consent to, my own medical care, as provided on this form.

I understand that I have the right to an explanation of any procedures and their risks, benefits,
alternatives, and charges before they occur. My signature here consents to these procedures; it is my
responsibility to inquire about and/or decline any such procedures. The occurrence of a procedure
indicates that I understand the risks and benefits and have received a satisfactory response to my
questions, if any.

Child's signature Date