



Kaplan Barron Pediatric Group

a division of ONE Pediatrics

Drs. Roth, Lehocky, Katz, Belza, Abrams, Newstadt, Baum & Slone

3333 Bardstown Road
Louisville, Kentucky 40218

Telephone: (502) 452-6337
FAX: (502) 458-5327

We realize that **Parents or Legal Guardians** may not always be able to personally bring their child(ren) to the office themselves. If a **Parent or Legal Guardian** can not be present, then anyone authorized below can accompany the child(ren) and give consent for treatment, which includes immunization(s) consent and telephone medical advice.

This form **MUST** be completed by a **Parent or Legal Guardian**.

I, _____, the **Parent or Legal Guardian** of

_____, _____,

_____, _____,

(child's name)

(child's name)

give consent for the following people to have my child(ren) treated by Drs. Roth, Lehocky, Katz, Belza, Abrams, Newstadt, Baum, Slone and staff:

Authorized People	Relationship to Patient	Please Mark if Allowed to Discuss Financial Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date ____/____/____