UNACCOMPANIED MINOR VISIT CONSENT

This consent form allows a parent or legal guardian to authorize a minor patient to attend medical appointments at Kaplan Barron Pediatrics without a parent or legal guardian present, including arriving independently (for example, driving themselves to an appointment).

By signing this form, you authorize Kaplan Barron Pediatrics to provide medical care to your child during these visits. This consent also acknowledges that certain aspects of a minor's care and access to medical information are governed by state minor consent and privacy laws. Parents and guardians are encouraged to review these laws for additional details regarding consent, confidentiality, and access to health information.

Consent and Authorization

I hereby give consent for my minor child to attend medical appointments at Kaplan Barron Pediatrics without a parent or legal guardian present.

I authorize Kaplan Barron Pediatrics to provide medical evaluation, treatment, and care as deemed appropriate during these visits.

I understand that certain services may be provided in accordance with applicable minor consent laws, which may limit parental access to specific health information.

I acknowledge that I am responsible for reviewing and understanding these laws as they apply to my child's care.

I understand that visit summaries, test results, and other available information may be accessed through the patient portal, subject to state and federal privacy regulations.

I acknowledge that I remain financially responsible for all services provided.

This consent will remain in effect unless revoked by me in writing.

Authorized Individuals

If I am unable to be present, I authorize the following individuals to bring my child to appointments at Kaplan Barron Pediatrics. These individuals may provide consent for evaluation and treatment as necessary during the visit.

Please indicate whether each individual is authorized to discuss financial and billing information.

Authorized Person Name	Relationship to Child	Phone Number	May Discuss Financial/Billing Information? (Yes/No)

Emergency Contact

In the event of an emergency, Kaplan Barron Pediatrics will make reasonable attempts to contact the parent/legal guardian listed below.

Patient Name: _____

Date of Birth: _____ / _____ / _____

Parent/Legal Guardian Name: _____

Primary Phone Number: _____

Signature of Parent/Legal Guardian: _____

Date: _____ / _____ / _____