

**MAIN LINE ALLERGY, LLP**  
www.mainlineallergy.com

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**TREATMENT OF A MINOR WITHOUT PARENT/GUARDIAN CONSENT FORM**  
*This form is applicable for patients younger than 18 years of age.*

Main Line Allergy, LLP must receive written permission from a child's parent or legal guardian to provide treatments for preventative care, injury or illness that is non-life-threatening. This form provides legal written permission to treat with a designated adult present if the parent or legal guardian is not present during the appointment. Please note that a parent or legal guardian must be present during a minor patient's first visit. The following consent forms are only applicable if this is not a minor patient's first visit.

I, \_\_\_\_\_ (parent/guardian name), consent to medical care and treatment determined by a physician at Main Line Allergy, LLP to be reasonable and appropriate for the well-being of my child, \_\_\_\_\_, in the presence of either of the following adults (you may choose more than one), who is authorized to approve treatment:

Name: \_\_\_\_\_ Relation to Minor: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Minor: \_\_\_\_\_

In the event of an emergency, Main Line Allergy and staff have my permission to take any and all necessary steps to ensure the safety and well-being of my child.

This authorization is valid: \_\_\_ for current/future visits –or– \_\_\_ for this visit only (date: \_\_/\_\_/\_\_). This consent may be revoked in writing at any time.

I also agree to be financially responsible for charges related to the rendered care and treatment. **Note:** Insurance card(s) and co-pay amounts (if applicable) must be presented at each visit.

I understand and agree to the terms and conditions of Main Line Allergy's Treatment of a Minor without Parent/Guardian Consent Form.

Name of Patient (print): \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Name of Parent/Legal Guardian (print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Parent/Guardian Contact Phone No.: \_\_\_\_\_

Alternative Contact Phone No.: \_\_\_\_\_