Beacon Pediatrics
18947 John J Williams Hwy, Suite #212
Rehoboth Beach, Delaware 19971
Ph: 302.645.8212 Fax: 302.645.2199

UPDATED INFO/CONSENT

Patient Name(s): _____ DOB: _____ _____ DOB: _____
_____ DOB: _____ _____ DOB: _____
_____ DOB: _____ _____ DOB: _____

Parent/Guardian Name(s): 1) _____ DOB: _____ 2) _____ DOB: _____
Parent/Guardian Phone# 1) _____ 2) _____

Email Address: (optional): _____ @ _____

ADDRESS: _____ _____ _____ _____
STREET CITY STATE ZIP
IS GUARANTOR (RESPONSIBLE PARTY) ADDRESS THE SAME AS PATIENT'S ADDRESS? _____ IF NO--- PLEASE PROVIDE GUARANTOR'S ADDRESS:
_____ _____ _____ _____
STREET CITY STATE ZIP

PHONE: Primary #: **(**_____) _____ - _____ Secondary #: **(**_____) _____ - _____

Emergency Contact #1: Name: _____ Relation to patient: _____ phone **(**_____) _____ - _____

Emergency Contact #2: Name: _____ Relation to patient: _____ phone **(**_____) _____ - _____

** Below list anyone **(OTHER THEN PARENTS/GUARDIANS)** who has your consent to bring your child (ren) to any appointments: (list more on back if needed) the people listed NEED to have a picture ID and copy of child's insurance card with them when bringing your child to any appointments for security reasons.

1. Name: _____ Contact Number: _____
   Relation to child: _____
2. Name: _____ Contact Number: _____
   Relation to child: _____
3. Name: _____ Contact Number: _____
   Relation to child: _____

The above named caregiver(s) shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures for the above named child which may be required during my absence.

This consent serves as permission for treatment by **Beacon Pediatrics, LLC** and its' providers/staff. Consents are not required in emergency situations. I agree to pay for all services provided to my child in my absence. This authorization shall remain effective unless requested by me in writing **OR** until the following date listed: **_____ (VALID UNTIL A CERTAIN DATE)**

_____ _____
Signature of Parent or Legal Guardian ***DATE***