Beacon Pediatrics

18947 John J Williams Hwy. Suite 212
Rehoboth Beach, DE 19971
P: (302) 645-8212 F: (302) 645-2199

32566 Docs Place, Suite 1
Millville, DE 19967
P: (302) 537-0793 F: (302) 537-0795

UPDATED INFO/CONSENT

Patient Name(s):

_____ DOB: _____ _____ DOB: _____
_____ DOB: _____ _____ DOB: _____
_____ DOB: _____ _____ DOB: _____

Parent/Guardian Name(s):

1) _____ DOB: _____ Phone: (_____) _____ - _____
Email Address: _____ @ _____

2) _____ DOB: _____ Phone: (_____) _____ - _____
Email Address: _____ @ _____

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

Emergency Contact #1:
Name:_____
Relation to patient(s):_____
Phone: (_____) _____ - _____

Emergency Contact #2:
Name:_____
Relation to patient(s):_____
Phone: (_____) _____ - _____

List below anyone **(OTHER THAN 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: _____ Phone Number: (_____) _____ - _____
Relation to patient(s): _____

2.) Name: _____ Phone Number: (_____) _____ - _____
Relation to patient(s): _____

3.) Name: _____ Phone Number: (_____) _____ - _____
Relation to patient(s): _____

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**