

Northern Oklahoma Regional Pediatric Clinic
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While any emergency room will treat a life and death situation, they will not provide treatment to a minor brought in by someone other than a parent or guardian. In such a situation, this form should qualify as your authorization for needed medical attention.

Authorization to Consent to Treatment of a Minor

I (we, the undersigned parent (s) / guardian (s) of the minor (s) listed below, do hereby authorize:

(Adult into whose care minor(s) is entrusted) (Relationship) (Phone Number)

To act in my (our) place to consent to all necessary and appropriate X-ray examinations, anesthesia, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and rendered under, general or special supervision of any physician or surgeon licensed to practice medicine under the laws of the state of Oklahoma.

It is understood that this authorization, is valid without expiration from the date below, unless terminated, is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power on the part of my (our) aforesaid (s) to give specific consent to any physician in the exercise of their best medical judgment is deemed advisable, and is in the best interest of the child (ren).

Child (ren)'s Name (s) Birthdate Severe Allergies

Parent/Guardian address and phone number is:

(Parent (s) / Guardian) (Address) (Parent (s) / Guardian Phone#)

(Primary Care Physician) **580 765-5569**
(PCP Phone#)

(Mother and/or father) Signature (Guardian (s)) Signature