Hoover
Ear, Nose and Throat
Associates, P.C.
2116 Data Park
Hoover, Alabama 35244
205-733-9595
205-733-9599 Fax

Edwyn L. Boyd, M.D.
Marcus W. Moody, M.D.

CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

When you are away from your child, the person that you entrust with your child's care for an illness or injury should be listed below. **We cannot medically treat your child without your written permission.** Please list below the adult person or persons that have your consent to seek medical care for your child in your absence.

I, ______________________________ give permission for the adult or adults listed below to seek medical treatment for my child ________________________ Date of Birth __________ in my absence:

Name: ________________________________ Relationship: ____________ Phone#: ____________

Name: ________________________________ Relationship: ____________ Phone#: ____________

Name: ________________________________ Relationship: ____________ Phone#: ____________

Name: ________________________________ Relationship: ____________ Phone#: ____________

This permission is valid from the dates of __________________ to ___________________ for the office of Hoover Ear, Nose & Throat Associates, PC., 2116 Data Park, Hoover, AL 35244

Signature of Parent or Legal Guardian: ____________________________ Date: _______________

Printed Name of Parent or Legal Guardian: ____________________________ Date: _______________

Signature of Witness ____ Date: _______________

Consent to Discuss Financial Information

Unless we have written permission, we will not discuss financial information with anyone other than the person responsible for the account as per our financial policy. Please list anyone with your permission to discuss this information with our billing office below.

Please know that, as always, the person who accompanies the patient is responsible for the bill or co-pay at the time of visit.

Name: ___________________________________ **Relationship:** _________________

Name: ___________________________________ **Relationship:** _________________

Signature of Responsible Party: ______________________________ **Date:** ___________