ALLERGY & ASTHMA
CONSULTANTS OF MONTANA
MICHAEL C. DICELLO, MD
CINDY K. FEDDES, FNP

CONSENT FOR MEDICAL CARE OF A MINOR IN THE ABSENCE OF A PARENT/GUARDIAN

I, _____, am the parent or legal guardian of _____,
Parent/guardian name patient name

date of birth _____. I authorize the staff of Allergy & Asthma to examine and/or administer the
Patient date of birth

following treatment(s) to the minor child: (Please mark all that apply)

_____ Allergy Injections _____Exam/Patient Appointment _____ Other: _____

I further authorize the staff of Allergy & Asthma Consultants of Montana to administer appropriate medication or treatment in the event of an adverse reaction to allergy or asthma testing and/or allergy injections. It is understood that this authorization is given to provide authority and power on the part of my aforesaid agent(s) to give specific consent to any and all such evaluation, diagnosis, office treatment, anesthetic administration or surgical treatment(s) which a physician, in the exercise of his/her best judgment, may deem advisable. I understand this could include treating my child with emergency medications such as antihistamines, epinephrine, or steroids; administering CPR; and/or transporting my child to the emergency room by ambulance.

In case of an emergency, I can be contacted at _____, or if I cannot be contacted,
Phone number

Please contact _____ at _____.
Alternate emergency contact phone number

In addition, I have the following special instructions for the Allergy and Asthma Consultants staff:
_____
_____

Disclosure Subject to Revocation/Expiration: This authorization is subject to revocation at any time by giving written notice to Allergy & Asthma Consultants of Montana. The revocation is effective from the time it is received by Allergy & Asthma Consultants of Montana and does not apply to actions taken by Allergy & Asthma Consultants of Montana prior to that.

Expiration: If not revoked, this authorization terminates twelve (12) months from the date of its execution, or on _____.

PARENT/LEGAL GUARDIAN SIGNATURE_____ DATE_____

PRINTED NAME OF SIGNER _____