

St. Paul Allergy & Asthma

565 S. Snelling Avenue St. Paul, MN 55116

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Authorization to Treat Minors Unaccompanied by Parent or Legal Guardian

Child's Name: _____ Child's Date of Birth: _____

St. Paul Allergy & Asthma Clinic, PA has my permission to provide medical care to my child in my absence. Medical care is to include allergen immunotherapy (allergy shots) and any treatment deemed necessary for emergency care. It is understood that this authorization is given in advance of any treatment or emergent care being required. This authorization is valid until the minor child's 18th birthday, unless revoked in writing by the undersigned, or a new form is completed. Only one parent signature is required.

Note: Minors under age 12 MUST be accompanied by a responsible party age 16 or older for any form of medical care. Patients must wait in the clinic for 30 minutes after allergy shots.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Relationship to Patient