

Aspen Pediatrics

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Authorization for a Care-Taker (non-legal guardian) to Accompany a Minor to Appointments

Patient Name: _____

Legal Guardian (Daytime Phone #): _____

I, (legal guardian) _____, authorize (care-taker name) _____ to bring my minor child (child's name) _____ to Aspen Pediatrics, the office of Krista Colletti MD and Patrick Colletti MD, for scheduled appointments.

I understand that this authorization for a care-taker to accompany my minor child to appointments does not permit the care-taker to consent to treatment on behalf of a legal guardian. I understand that only a legal guardian may consent to treatment for my child.

If treatment that has not be previously diagnosed and accepted by a legal guardian, the legal guardian will be contacted prior to proceeding with the treatment plan. If the legal guardian cannot be reached to provide treatment consent, the treatment will not be performed.

I understand that this authorization will remain in effect until the practice is otherwise notified of the above designated care-taker's change in status. I understand that it is my responsibility, as the legal guardian to inform this practice of any change to this authorization.

Parent/Legal Guardian Signature: _____

Date: _____