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Permission to Treat Without Guardian Present

This consent gives permission to treat the patient without the parent/legal guardian present for items specified below.

As the parent or legal guardian, if I am unable to be present, I give permission for my child to be seen / treated by physicians at 5400 Balboa Blvd, STE 326, Encino, CA 91316.

My children, _____,

(list all your children)

May be treated when accompanied by any of the adults listed below:

- **First & Last Name** _____ Relationship to patient: _____
Phone#: _____
- **First & Last Name** _____ Relationship to patient: _____
Phone#: _____
- **First & Last Name** _____ Relationship to patient: _____
Phone#: _____

I give my permission for the following treatment: (please check all that apply)

- Well child checks / routine physical examinations
- Immunizations
- Sick visits (non-well visits)
- Nurse visits
- Curbside testing
- Diagnostic tests and results for RV Panels, throat cultures, urine analysis, blood work
- Billing account information / insurance
- Telephone calls regarding patient care

If additional treatment is needed, I need to be contacted to give verbal consent.

I can be reached at phone # _____ OR phone # _____

Parent/ Legal Guardian Printed Name: _____ Date: _____

Parent/ Legal Guardian Signature: _____