

Ballard Pediatric Clinic

Advance Consent to Treat Minors

The undersigned hereby authorizes _____
Grandparent, nanny, etc
as our agent to give consent to surgical or medical treatment by any licensed physician or
provider at Ballard Pediatric Clinic for _____ (patient name),
my minor child. Such treatment is deemed necessary by such physician and I cannot be
reached within a reasonable time, by reason of absence from the community or otherwise. Such
consent may include, but is not limited to, administration of necessary anesthetics, medical
treatment, tests, X-ray examinations, transfusions, injections or drugs and the performing of
whatever procedures may be deemed necessary or advisable. Further, consent is granted to
said physician to exercise his or her discretion in authorizing the disposal of any severed tissue
or members.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or
hospital care being required, but is given to provide the authority to consent thereto as our said
agent and the above-named child's attending physician, in the exercise of his or her best
judgment, may deem advisable.

This authorization shall remain effective unless revoked in writing by the undersigned.

Signature of parent/legal guardian

Date