AUTHORIZATION/CONSENT to
Medical/Surgical/Emergency Care of a Minor or Protected Individual

EN&T recognizes that it's not always feasible for the parent/guardian to accompany a patient to the office to be seen/treated. When it becomes necessary for your representative to bring the patient in, EN&T must have the parent's/guardian's authorization for that individual to seek treatment. The following is provided for your convenience should this become necessary. We must have this completed form on file in our office before the patient will be seen.

I, _____
(Parent/Legal Guardian's Name)

the parent or person having legal custody or the legal guardian of :

_____ _____
(Patient's Name) *(Birth Date)*

_____ _____
(Relationship) *(Phone #)*

hereby authorize _____
(Name of Person Authorized to Bring the Patient)

_____ _____
(Address) *(Phone #)*

to consent to any x-ray examination, anesthetic, medical, surgical, diagnosis or treatment or hospital care to be rendered to the above-named patient upon the advice of F. Thomas Sporck, M.D., F.A.C.S., D. Richard Lough, M.D., P. Todd Nichols, M.D., G. Stephen Dawson, M.D., and Michael R. Goins, M.D., Michael S. Beasley, M.D, David A. Phillips, M.D., and Ear, Nose & Throat Associates of Charleston, Inc. and affiliated medical staff. This includes, but is not limited to, the right to consent to the administration of prescription or non-prescription medicine or drugs; to rely on the advice of the duly-licensed physician/surgeon to prudently exercise his/her professional judgment and to choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he/she in their professional judgment determine to be in the best interests of the above-named patient; and to generally take or agree to such steps that are necessary to insure proper medical care to said individual in case of an emergency whether or not I am physically present.

I affirm that I am legally empowered to execute such consent for treatment on behalf of the above-named patient and I release from liability all EN&T physicians and staff involved in providing medical care, goods and services.

_____ _____
(Signature of Parent/Legal Guardian) *Date*

_____ _____
(Signature of Person to Whom Child is Entrusted) *Date*