



Arvada Location
8030 Lee Drive • Arvada, CO 80005
T 303.421.6873 F 303.421.9922

Broomfield Location
3830 W. 121st Place • Broomfield, CO 80020
T 303.410.8041 F 303.410.8044

www.arvadapeds.com

Authorization for Consent for Treatment

Patient Name: _____ DOB: _____

Legal Parent/Guardian Name: _____

(Please Print)

I hereby authorize:

(Please Print)

(Relationship to Patient)

to consent and sign for any/all vaccinations and/or medical care recommended by Arvada Pediatric Associates.

Furthermore, I authorize the above named to: (initial all that apply)

- _____ Schedule and/or cancel appointments
- _____ Inquire about past/current/future appointments
- _____ Speak to a provider, triage nurse and/or clinical staff
- _____ Request/Pick up forms

Valid for 365 days from date of signature.

Legal Parent/Guardian Signature

Date