

Name of child: _____

Additional children: _____

Date: _____

IMPLIED CONSENT

I grant authority to the person bringing my child to the office of Lynne M. Ellis, M.D., P.A. to obtain recommended examination, testing or treatment. The person authorized will include but is not limited to: a relative, care giver, baby sitter, guardian, school representative, or the child if they are able to arrive on their own.

Name of parent/guardian: _____

Signature of parent/guardian: _____

DENIAL OF IMPLIED CONSENT

I do not grant the authority above. Anyone other than a parent/legal guardian who brings my child to this office for examination, testing or treatment will be required to have a consent signed by a parent or legal guardian granting the ability to authorize medical care deemed necessary.

Name of parent/guardain: _____

Signature of parent/guadian: _____

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