

Greater Pittsburgh Pediatric Center

Catherine N. Udekwu, MD

Consent for Treatment

Consent for treatment in the absence of a parent or guardian

I offer my permission and written consent to Greater Pittsburgh Pediatric Center, Catherine N. Udekwu, substitute physician (when applicable) and employees to provide any and all medical treatment considered necessary to my children listed below in my absence:

_____	_____
_____	_____
_____	_____

Please choose one:

- This consent applies to whomever accompanies my child(ren) to the office
- My child(age 16, 17 or 18) has my approval to be seen unaccompanied
- This consent pertains only to those people listed below:

Parent/Legal Guardian Signature:

_____ Date: _____

If patient is under the age of 18 years, his or her consent is acceptable for these reasons:

- High School Graduate
- Married
- Pregnancy/Birth