

Meagan W. Shepherd, MD
ALLERGY/IMMUNOLOGY

With my permission, noted by my signature below, the physicians and/or staff at Dr. Meagan Shepherd's office may speak with the following family member(s) or designated person(s) regarding my personal health information-

_____	_____
Name	Relationship to patient
_____	_____
Name	Relationship to patient
_____	_____
Name	Relationship to patient
_____	_____
Name	Relationship to patient

_____	_____
Signature of Patient/Guardian	Date

Print Patient Name

***PLEASE NOTE – WE WILL ONLY BE ABLE TO SPEAK WITH THE PERSON(S) LISTED ABOVE, WITH NO EXCEPTIONS.**

***PLEASE SEE REVERSE SIDE FOR OUR POLICY REGARDING TREATMENT OF MINOR PATIENTS UNDER THE AGE OF EIGHTEEN.**

**PARENTAL AUTHORIZATION FOR TREATMENT
OF PATIENTS UNDER THE AGE OF EIGHTEEN YEARS**

It is the policy of the medical office of Meagan W. Shepherd Allergy, P.L.L.C., that patients under the age of eighteen years, can only be seen through an office visit so long as the minor patient is accompanied by an individual who shows proof of their age of at least eighteen (18) years and written permission signed by a parent or legal guardian of the minor patient. Verbal approval via telephone by the parent or legal guardian will also be satisfactory, but only for the office visit and/or office spirometry (breathing test).

No invasive medical procedures (such as skin testing, patch testing, medication or food challenge, etc.) will be performed on a minor patient without a parent or legal guardian present. Should it be determined during the initial office visit that a medical procedure is needed, then it will be necessary to reschedule the minor patient for the specific procedure so all necessary consent forms can be completed and executed by the parent or legal guardian.