



ELDRIDGE POINTE PEDIATRICS

126 Eldridge Rd., Unit D.

Sugar Land, TX 77478

Phone: (832) 939-8956; Fax: (832) 930-4748

CONSENT TO TREAT

I, _____, the parent/legal guardian of _____ hereby give my consent for and authorize the administration and performance of all medical care, treatment, and diagnostic procedures which in the judgment of the licensed physicians, nurses, and health care professionals of Eldridge Pointe Pediatrics are believed to be medically necessary. I understand that all such services will be provided according to generally accepted standards of pediatric medical care and in accordance with applicable state law. Included among the medical care services provided will be the administration of immunizations as required by law and generally recommended by the American Academy of Pediatrics and Center for Disease Control (CDC).

I acknowledge that I may revoke or change this Consent in writing addressed to Eldridge Pointe Pediatrics.

Parent/legal guardian signature: _____

Name: _____ Relationship: _____

Effective Date: _____