Little Silver
Pediatrics & Family Medicine
Quality Healthcare for the Whole Family!

Name: _____ DOB: _____

L11 - Child Authorization Form

Child/Children Information

Last Name	First Name	MI	Date of Birth	SS #	Sex

Address: _____ *City ST Zip:* _____ *Home #* _____

Father's Information:

Last Name First Name MI Date of Birth SS # Marital Status

Address: _____ *City/ST/Zip:* _____ *Home #* _____

Employer _____ *Occupation* _____ *Work #* _____ *Cell #* _____

Mother's Information

Last Name First Name MI Date of Birth SS # Marital Status

Address: _____ *City/ST/Zip:* _____ *Home #* _____

Employer _____ *Occupation* _____ *Work #* _____ *Cell #* _____

Emergency Contact (Other Than Parent):

Last Name First Name MI Address Phone # Relationship

Authorized to Seek Treatment: In addition to the emergency contact listed above, the following individuals may bring my child / children to Little Silver Medicine for treatment:

Last Name First Name MI Address Phone # Relationship

Insurance Information:

Primary Ins Co: _____ ID # _____ Group # _____
Subscriber Name _____ Subscriber DOB _____ Subscriber SS # _____
Secondary Ins Co _____ ID # _____ Group # _____
Subscriber Name _____ Subscriber DOB _____ Subscriber SS # _____

Fees incurred are payable when services are rendered and are the sole responsibility of the parent/guardian. I hereby authorize my insurance benefits be assigned to Little Silver Medicine and authorize Little Silver Medicine to furnish all information regarding my child's medical history, diagnosis and treatment to my insurance company; and authorize Little Silver Medicine to furnish such medical information as LSM determines necessary during the course of my child's treatment to any individual above authorized to consent to my child's treatment and to any other person who presents with my child for treatment in my absence.

I certify the above information is correct and I will notify Little Silver Medicine of any changes:

Patient or Legal Guardian:

_____

Name (Print) Signature Date

200 White Road, Suite 212 Little Silver, NJ 07739 Tel: (732) 741-5600 Fax: (732) 345-1001