



SOUTH TULSA PEDIATRICS  
7512 E 71<sup>st</sup> St,  
Tulsa, Oklahoma 74133

CONSENT TO TREAT MINORS

To Whom It May Concern:

In the event of a medical emergency, it is my/our desire, parent(s) of \_\_\_\_\_  
\_\_\_\_\_ that he/she/they are treated as deemed necessary by South Tulsa Pediatrics.

I/we hereby authorize the below persons to designate South Tulsa Pediatrics to initiate any medical treatment deemed necessary for medical treatment until further notice.

I/we realize that every effort will be made to contact us at the earliest convenience and it is my/our desire by this letter of authorization that medical treatment not be delayed by the inability to contact us first.

I/we accept full financial responsibility for all medical and health care rendered in response to this letter of authorization.

PLEASE LIST PEOPLE WHO MIGHT BRING YOUR CHILD TO THE OFFICE BESIDE MOTHER AND FATHER:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE