



Preauthorization to Provide Nutrition Counseling to Minors Consent Form

It may be more convenient to have prior authorization in place so that nutrition counseling may be provided directly to minors, without their parent or legal guardian present.

Minor Information:

Patient(s) Name(s): _____ DOB: _____
Patient(s) Name(s): _____ DOB: _____
Patient(s) Name(s): _____ DOB: _____
Patient(s) Name(s): _____ DOB: _____

Authorization:

If you would like to allow Registered Dietitians of AM Nutrition Services to provide nutrition counseling to your child(ren) who are minors, please read the policies below and initial the appropriate option:

_____ Children ages 0-9 must be accompanied by their parent, legal guardian, or an authorized proxy

_____ Children ages 10-14 must have their parent, legal guardian, or authorized proxy present in the facility at time of the nutrition counseling appointment and the registered dietitian will bring them into their office for discussion during the appointment as necessary

_____ Children ages 15-17 may come to nutrition counseling appointments without a parent or guardian, but the registered dietitian is authorized to call their parent or legal guardian regarding information discussed

_____ I do not authorize my child(ren) attending nutrition counseling appointments without their parent or legal guardian present

Note: An Authorized proxy is an adult over 18 years old who you allow to bring your child(ren) to their appointments i.e grandparent, aunt, uncle, sibling, etc. Allowing this person to bring the minor to appointments, allows them access to personal health information discussed.

Parent or Legal Guardian Name(s): _____

Authorized Proxy(s): _____

Please sign to acknowledge your understanding and acceptance to comply with our office policies. THANK YOU!

Signature: _____ Date: _____