



Manhattan Pediatric Associates, P.C.

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Parental Delegation of Authority of a Minor 未成年人父母授權書

I, the undersigned parent (legal guardian), do hereby designate the following person(s) to make any medical decision on standard medical care to the said minor in my absence. I understand that when I ask my designated caretakers to bring my child to Manhattan Pediatric Associates, P.C. for medical care on my behalf, I shall be financially responsible for the medical services rendered. I understand **Manhattan Pediatric Associates, P.C.** reserves the right to defer examination and treatment of all minors under the age of 18 years not accompanied by a parent or legal guardian.

我是該兒童的父母（或合法監護人），因他／她未成年，在此指定下列人仕在我缺席時，能按照醫療服務準則而作任何醫療決定。我明白民鐵吾兒科中心有權力暫援對未有父母或合法監護人陪同的十八歲以下的未成年人做任何檢查和治療。我明白，當我授權指定下列人帶我的孩子到民鐵吾兒科中心看醫生，並瞭解我將須要承擔一保險公司拒絕支付的費用。

Patient Name: _____
病人姓名

D.O.B: _____
出生日期

Designee Name: _____
指定人的姓名

Relationship to Patient: _____
(ex: grandma/grandpa, aunt, friend, etc.)
與病人關係

Designee Name: _____
指定人的姓名

Relationship to Patient: _____
(ex: grandma/grandpa, aunt, friend, etc.)
與病人關係

Signature of parent or legal guardian: _____
父母或合法監護人簽名

Date 日期