



Denver Children’s Home Parent/Patient Consent Form

I, _____, being the parent, guardian, or legal representative authorized to consent to medical treatment for the minor listed below, hereby consent to, and permit authorized medical providers from Lowry Pediatrics to administer routine vaccinations without my physical presence.

I, being the parent, guardian, or legal representative, also give consent to any medical procedure or test that the medical providers at Lowry Pediatrics feel are necessary to give to the patient. This includes if I am not physically present at the appointment. Some of the procedures or tests that may be given can include (but are not limited to) strep tests, covid tests, lipid panels, etc.

If you have any questions about this consent, you can call the office manager Nicole Checots at 720-859-8222 ext. 118.

Patients Name _____

Date of Birth _____

Printed Name of parent or legal guardian _____

Signature of parent or legal guardian _____

Date _____

Best phone number to reach you _____