Pediatric Associates of Mt. Carmel, Inc.

Established 1972

Michael S. Chamberlin, MD
Jennifer B. Richard, MD
Christopher B. Peltier, MD
Tricia B. Minton, MD
Lynn K. Peters, DO
Kevin A. Pittinger, MD
Lauren T. Huff, MD
Laura R. Hardy, MD
Sarah Selickman Heidt, MD
Daniel R. Kroeger, MD
Cathryn O. Sabulski, MD
Angeli M. Underiner, MD

Consent for Treatment and Communication Authorization for Minors

1. Name of Patient_____DOB_____
2. Name of Patient_____DOB_____
3. Name of Patient_____DOB_____
4. Name of Patient_____DOB_____

Consent for Medical Treatment:

I hereby authorize:

_____
Name/Relationship

present my child and/or children to Pediatric Associates of Mt. Carmel, Inc. for medical care in my absence, and give Pediatric Associates of Mt. Carmel, Inc. permission to treat any and all medical conditions during this and subsequent visits.

Additional Authorizations:

☐ I authorize the person listed above to receive billing information on my behalf.
☐ I authorize the person listed above to schedule appointments on my behalf.

_____ I am the ☐ Parent ☐ Legal Guardian
Printed Name of Parent/Legal Guardian

_____ _____
Parent/Legal Guardian Signature Date

Please complete a separate consent form if you wish to authorize more than one individual.
This authorization will remain in effect until revoked in writing.
Updated 02/2025

Batavia
2055 Hospital Drive
Suite 250
Batavia, Ohio 45103

Eastgate
4371 Ferguson Drive
Cincinnati, Ohio 45245
(513) 752-3650

Landen
4834 Socialville-Foster Road
Suite 50
Mason, Ohio 45040