



**HEALTH PARTNERSHIP CONSENT  
CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC  
RONALD McDONALD CARE MOBILE  
412-692-7777  
Parent Consent for Health Services**

Patient  
Name

Medical Record  
Number

Birthdate

Form CHP:0400 12/08

**CONSENT / MEDICAL INFORMATION**

I give consent for my daughter/son, \_\_\_\_\_

born on \_\_\_\_\_ to receive the services at the Care Mobile.

Patient's Primary Care Physician \_\_\_\_\_

These services are provided by Children's Hospital of Pittsburgh of UPMC.  
Please check any of these services that you **do not** wish to be provided for your child.

- Physician Exams—Routine drivers licensure, work, camp, college, sports, school
- Diagnosis of and treatment of illness and injuries
- Management of chronic illnesses
- Immunizations
- Preventative screening and health education services

**(Specifically for Pulmonology Pediatric Patients Only)**

- Physical Exams
- Screening and Diagnosis of asthma and other associated conditions
- Pulmonary Function Testing both before and after administration of albuterol to determine the severity of asthma
- Referrals to specialty care for other chronic illness
- Preventive Screening and health education services
- Asthma education

Please list any allergic reactions to medicine \_\_\_\_\_

Current medications \_\_\_\_\_

Medical History including prematurity \_\_\_\_\_

Hospitalization due to breathing problems/pneumonia \_\_\_\_\_

Emergency room visits due to breathing problems \_\_\_\_\_

**PERMISSION / RELEASE**

I understand that the confidentiality of the patient's medical record is required by law, and the record will not be released to any person or entity without prior written permission, except as otherwise authorized by law.

This Ronald McDonald Care Mobile is made possible by a grant from the Ronald McDonald House Charities, Inc., a non-profit, tax-exempt charitable corporation. RMHC has no responsibility or liability for the operation of this Ronald McDonald Care Mobile or any of the medical or dental activities conducted herein.

**AUTHORIZED SIGNATURES**

Name of Parent/Legal Guardian Signing Authorization (Print) \_\_\_\_\_ Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Parent/Guardian Birth Date \_\_\_\_\_

Other Parent/Legal Guardian If Applicable \_\_\_\_\_ Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Address of Student (#, Street, Zip Code) \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

