



## Advance Practice Nurse Consent for Treatment

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**This facility has on staff Advance Practice Nurses to assist in the delivery of medical pediatric care.**

An advance practice nurse is not a doctor. An advance practice nurse is a registered nurse who has received advanced education and training in the provision of health care. An advance practice nurse can diagnose, treat, and monitor common acute and chronic diseases as well as provide health maintenance care. In addition, the advance practice nurse may treat minor lacerations and other minor injuries.

I have read the above, and hereby consent to the services of an Advance Practice Nurse for my health care needs.

I understand that at any time I can refuse to see the advance practice nurse and request to see a physician.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Account No.: \_\_\_\_\_