

Pediatric Telehealth Consent Form

Please read and complete the following consent form to participate in telehealth services for your child.

Patient Information

Child's Full Name

Date of Birth

Parent/Guardian Name

Relationship to Patient

Contact Number

Consent & Acknowledgment

I understand that telehealth involves the use of electronic communications to provide healthcare services to my child. I have been informed of the potential risks and benefits.

I understand that all laws protecting privacy and confidentiality of medical information also apply to telehealth.

Questions or Concerns (Optional)

Signature of Parent/Guardian

Date