



110 Acadia Drive, Raceland, LA 70394 ■ Phone: (985)537-8687 ■ Fax: (985)537-8976

Children's Clinic of Raceland Parental Responsibilities

In order for your child to meet his/her Well Child Periodicity Schedule, it is essential that you observe the following rules:

1. "No shows" will not be tolerated. Three or more "no shows" throughout the child's stay with the clinic will result in the patient and his/her siblings being dismissed from the clinic. No shows are as follows:
 - a) Not appearing at an appointment without previously calling to cancel the appointment
 - b) Calling after the appointment has been missed without a valid reason
2. Chronic rescheduled appointments (2 or more per visit) will be considered a "no show". These appointments are meant to assess your child at developmental milestones in their lives. Failure to keep regularly scheduled appointments delay your child's screening and immunizations as well as taking the appointment of another child in need of screening.
3. It is your responsibility to notify the clinic of any changes in address, phone numbers or insurance status. We will schedule your child's next appointment before you leave the clinic. We will also call to remind you two (2) days prior to that scheduled appointment.
4. If the child must attend the visit with a person other than their legal guardian, please send a letter with that person giving them permission to make medical decisions and/or allowing your child to receive immunizations while at this visit. The person attending the visit must be knowledgeable of the child's medical history.

Thank you for observing these clinic rules. Our goal is to provide the best medical care for your child and to make all encounters with our clinic pleasant ones.

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Signature (Parent/Guarantor)

Date