



Thank you for allowing us to take care of your child. By law, we can only evaluate and treat a child patient with their parent(s) present or with written and signed consent allowing another person to consent to the treatment of that child.

There may come a time when you are unavailable to bring your child to the doctor and would like someone else to bring them to their appointment. By listing the names of approved family members or friends that you trust to consent to treatment below, you are allowing that person to work with the doctor to make medical, treatment, and vaccination decisions about your child in your absence.

*You may change any of the following information at any time, but it must be done in person.*

Please check this box if you **DO NOT** want anyone other than the parent or legal guardian of your child to consent to treatment. (This means your child will not be seen by the doctor without a parent or legal guardian present.)

Those allowed to consent to the treatment of \_\_\_\_\_ :  
(child's name)

- 1) \_\_\_\_\_ relationship to child \_\_\_\_\_
- 2) \_\_\_\_\_ relationship to child \_\_\_\_\_
- 3) \_\_\_\_\_ relationship to child \_\_\_\_\_
- 4) \_\_\_\_\_ relationship to child \_\_\_\_\_
- 5) \_\_\_\_\_ relationship to child \_\_\_\_\_

All those listed above should bring a valid drivers license or other form of picture identification to the visit so we can verify their identity.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_