



CONSENT FOR NON-PARENT TO BRING MINOR CHILD TO APPOINTMENT

Patient's Name: _____

Patient's Date of Birth: _____

I am the parent or guardian of _____ (legal name of patient).

I have the legal right to consent for medical treatment for this child.

I authorize the individual name below, who is a person over 18 years of age to bring the child to his or her medical appointment, and to consent to medical care which is deemed necessary by the physicians and medical providers at Freedom Community Medical Clinic at the time of the appointment. I understand that this delegation includes receiving health information about the minor necessary to make immediately necessary health care decisions.

Name of Authorized Person: _____

Relationship to Child: _____

This consent is valid until revoked in writing by me, the parent or legal guardian.

Full Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

Phone Number: _____

Physical Address: _____