



Consent for Non-Parents to Bring Minor Children to Appointments

I am the parent of the below-listed child/children and have the legal right to consent to medical treatment for the patient(s).

Patient #1: _____ DOB: _____

Patient #2: _____ DOB: _____

Patient #3: _____ DOB: _____

Patient #4: _____ DOB: _____

I authorize the following person(s) who is (are) over 18 to bring the patient(s) to medical appointments and to consent to medical treatment deemed necessary by the providers and medical staff at Deborah A. Coy Pediatrics at the time of the appointment. I understand this delegation includes receiving health information about the minor(s) which is necessary to make immediately necessary health care decisions.

Designee #1: _____

Relationship to Child: _____

Designee #2: _____

Relationship to Child: _____

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

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Cellphone #: _____