Consent for care with Non-parent

CONSENT FOR NON-PARENT TO BRING MINOR CHILD TO APPOINTMENT

I authorize the following individual, who is a person over 18 years of age:

Relationship to the child is:

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

Untitled

Date

Date