



12911 - 120th Ave NE, Ste E-50, Kirkland, WA 98034
Phone: 425-820-7700 • Fax: 425-820-7707

The undersigned hereby authorizes _____
(full name and relationship to patient, e.g. nanny, aunt etc)

to obtain medical care, including medical treatment, x-ray or other imaging, laboratory procedures and medications or supplements and co-payments, for the following individuals:

- Child's name: _____ Date of Birth: _____
- Child's name: _____ Date of Birth: _____
- Child's name: _____ Date of Birth: _____
- Child's name: _____ Date of Birth: _____

This consent is for the period from _____ to _____.
*If permission is given "indefinitely", it is your responsibility to let us know
if this permission has been revoked.*

I have read this form and certify that I understand its content.

Signature of parent or guardian: _____

Printed name: _____ Relationship to patient(s): _____

Date: _____