

Medical Consent/Permission Form

I understand that the parent or legal guardian must accompany any person under the age of 18 during the first appointment with the practice before giving permission for a temporary caregiver to accompany the child.

I, _____, am the legal guardian of the child named below.
PARENT/LEGAL GUARDIAN (PRINT NAME)

I give permission and consent to _____
TEMPORARY CAREGIVER (PRINT NAME)

TEMPORARY CAREGIVER ADDRESS

TEMPORARY CAREGIVER PHONE

to authorize medical treatment for _____
PATIENT NAME DATE OF BIRTH

This permission is granted from _____ and will expire on _____
START DATE END DATE

Patient/Guardian Signature _____ Date _____

MRN _____