WESTERN WAKE
PEDIATRICS

Medical Authorization Form

Consent for Patient Accompanied by Adult other than Parent/Guardian

The ***Medical Authorization Form*** is used when someone besides a legal parent or guardian would need to accompany the patient to an appointment. (i.e. a grandparent, nanny, aunt, step parent, etc.) Please complete a separate authorization form for each authorized individual (or couple) and each child.

I,_____, on _____, give_____,
Parent/Guardian's Name Today's Date Substitute Authority's Name(s)

_____ permission to make medical decisions for my child,
Relationship(s) to Child

_____ (___/___/___) for the time period of
Child's Full Name Date of Birth

_____.
Give specific dates of validity or write "Indefinitely"

_____
Parent/Guardian Signature