



Guardian Authorization Form

Consent without a Legal Guardian

Please complete this form if you authorize another person (anyone other than a parent/legal guardian) to attend appointments with your child.

If a patient will be attending appointments alone, please also list their information in the authorized person section below.

Patient's Name: _____ DOB: _____

I authorize the person(s) listed below to accompany my child to his/her medical and, or behavioral health appointment:

Authorized Person's Name, Phone Number, Relation: _____

Authorized Person's Name, Phone Number, Relation: _____

I agree to the following treatment to be performed in my absence:

Examination and Vital:	(circle one)	YES	/	NO
Visual Screening:	(circle one)	YES	/	NO
Hearing Screening:	(circle one)	YES	/	NO
Immunizations:	(circle one)	YES	/	NO
Fluoride Treatment:	(circle one)	YES	/	NO
Routine Labs:	(circle one)	YES	/	NO
Blood Draws:	(circle one)	YES	/	NO
Wound Treatment:	(circle one)	YES	/	NO
Wart Treatment:	(circle one)	YES	/	NO
Laceration Repair:	(circle one)	YES	/	NO
Over the Counter Medications:	(circle one)	YES	/	NO
Emergency Treatment as Necessary:	(circle one)	YES	/	NO
Emergency Transfer as Necessary:	(circle one)	YES	/	NO

We highly recommend that a parent/guardian be present at the appointment. Either send this form with your caregiver or fax it to 781-561-0610 before the appointment.

I give permission for the providers (Dr. Gina Boutwell, Dr. Christopher Cox, Dr. Lynne Day, Dr. Susan Martin, Jennifer Moore, NP, Dr. Charles Polcari, Dr. Christine Polcari, Dr. Sarah Schneider, Dr. Jeremy Warhaftig, Dr. Karen Zemel, Julianne Nemes-Walsh, NP, Jennifer Amon, NP, Anne Marie Mingoletti, DNP, PHMNP, Alexandra Wilcox, LMHC) to make minor changes to the treatment plan should it be necessary for the health or well-being of the child. We will make an effort to contact you at the number provided below if an unexpected change occurs. If we cannot reach you, we may need to book additional appointments for your child to complete their treatment or exam. I understand this consent without a legal guardian form will remain in effect until revoked in writing.

Co-pays and, or co-insurance are due at the time of service. Please arrange payment prior to visit.

Parent/Legal Guardian Signature: _____ **Date:** _____

Phone Number (of Parent/Legal Guardian): _____