



Summit Medical Group

Authorization To Consent To Medical Treatment Of A Minor Child

It is best if the child is brought in for treatment by a parent or legal guardian. However; we know there are times when circumstances require a caregiver to bring a child to the office for medical treatment. We require the person who brings the child have consent from a parent or legal guardian in order for us to provide appropriate medical care.

Patient Name:	DOB:	SS#
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Please list below the caregiver(s) that may need to bring your child to the office on your behalf:

Name	Address	Phone
1.		
2.		
3.		

I, _____ certify that I am the legal guardian of the child listed and have full authority to transfer my ability to make medical decisions to the caregiver(s) listed above in my absence.

- This consent will remain in effect until it is revoked in writing.
- I am responsible to update this consent when any of the information in this document changes.
- I will be available at least by phone if the medical provider needs any information or to discuss treatment options.
- I will be financially responsible for all expenses that occur from the treatment of my child.

Parent or Legal Guardian Name(Print): _____

Signature: _____ **Date:** _____

Contact number(s) Work: _____ **Cellphone:** _____

Witness Name(Print): _____

Witness Signature: _____ **Date:** _____