

# FAYETTEVILLE CHILDREN'S CLINIC, P.A.

## 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' Name Today's Date Substitute Authority's Name(s)  
\_\_\_\_\_ permission to make medical decisions for my child,  
Relationship 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