

Parental/Legal Guardian Authorization Form

In addition to the parent(s) or legal guardian(s) of the patient, the following person(s) are authorized to bring the patient to appointment(s) and make medical decisions for the patient (including decisions in emergency care or situations) in my absence. The authorized person(s) must be 18 years of age or older.

The individuals on this form will be authorized to accompany the patient and make decisions until the parent(s)/guardian(s) revoke it, unless a specific end date is noted upon signing.

While the patient visits our clinic, a parent or legal guardian **MUST** be available by phone during the appointment.

Patient Name: _____ DOB: _____

Name of authorized person(s) and relationship to patient:

Parent/Guardian Signature:

Date: _____