FAYETTEVILLE
CHILDREN'S CLINIC
EST. 1953 · FAYETTEVILLE, NORTH CAROLINA

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 _____ ,

_____ permission to make medical decisions for my child,

_____ (_____ _____ _____) for the time period of

_____ .

Parent/Guardian' Name

Today's Date

Substitute Authority's Name(s)

Relationship to Child

Child's Full Name Date of Birth

Give specific dates of validity or write "Indefinitely"

_____

Parent/Guardian Signature