



CONSENT FOR NON-PARENT/GUARDIAN TO BRING MINOR CHILD TO APPOINTMENT

Name of Patient: _____ Date of Birth: _____

I _____ am the parent or legal guardian of
_____ and have the legal right to consent for medical treatment for
this patient.

I authorize the following individual, who is a person over 18 years of age, and whose
relationship to the child is

- Grandmother / Grandfather
- Aunt / Uncle
- Friend
- Step-parent
- Nanny / babysitter
- Other: _____

to bring the child to his or her medical appointment, and to consent to medical care which is
deemed necessary by the physicians and medical providers at DMC Primary Care at the
time of the appointment.

OR

I authorize my teen child/legal ward **age 14 or older** (patient listed above) to accompany
themselves to the medical visit.

In my absence, I authorize care for the following (check all that apply or may apply in the future):

- Well child visit



- Sick visit
- Urgent / Walk in Care
- Testing for infectious disease as deemed necessary
- Mental Health Care
- Contraception
- Procedure (such as ear flushing, EKG)
- Other _____

VACCINATION EXCEPTION: I understand that it is not possible to vaccinate a minor patient without the parent / legal guardian present. If immunizations are due and the parent/legal guardian is not present for the visit, a nurse visit appointment in the future will be scheduled for the minor patient.

I understand that this delegation includes receiving health information about the minor patient necessary to make immediately necessary health care decisions.

This consent is valid for the following time period (select one):

- A specific date _____.
- Date range _____ to _____.
- Indefinite, unless written revocation

Signature of Parent or Legal Guardian _____

Printed Name of Parent or Legal Guardian _____

Date Signed _____

Parent or Legal Guardian Cell phone number _____