



Consent for Non-Parent to Bring Minor Child to Appointments

I am the parent or legal guardian of the minor child listed below, and have the legal right to consent for medical treatment.

Patient Name: _____ DOB: _____

I authorize the following person(s) who is (are) over 18 to bring the minor child to medical appointments and to consent to medical treatment deemed necessary by the providers and medical staff at DMC Primary Care, at the time of the appointment. I understand this delegation includes receiving health information about the child.

Designee #1: _____

Relationship to the child: _____

Designee #2: _____

Relationship to the child: _____

This consent is valid until revoked in writing by me, the parent or legal guardian, or until the child reaches the age of 18.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Cell phone #: _____

Please note: Patient financial responsibility is due at the time of service.