

AUTHORIZATION FOR DESIGNATED ADULT TO CONSENT FOR TREATMENT OF MINOR



Children should be brought in for treatment by a parent or legal guardian. However, there may be times when someone other than a parent or legal guardian will need to bring your child to the office. That person could be a grandparent, another family member, or a friend. During these times, if your child needs to be seen by a healthcare provider, the person who brings your child must be able to give consent for care. By completing this form, you are designating another individual (18+ years of age) who may bring your child in for care when you are unable to attend.

PLEASE PRINT

PARENT'S AUTHORIZATION STATEMENT

I, _____ (parent) am at times unable to attend appointments for my child(ren) listed below. Therefore I give my authorization to the **Designated Adult** to consent for treatment of my child(ren) at Westfield Family Physicians as described below. I understand this authorization is valid for 12 months, and I may renew this authorization, for one additional year, with a renewal form.

CHILD(REN)

Name Date of birth

Name Date of birth

Name Date of birth

Name Date of birth

DESIGNATED ADULT

Name Date of birth

EXTENT OF CONSENT AUTHORITY

The designated adult is authorized to (please check all that apply) :

- consent to general healthcare, including examinations, developmental screenings, & treatment
- consent to immunizations
- consent to mental health examination and/or treatment

Please describe any limitations to the designated adult's consent authority.

Child(ren) name(s): _____

REVOCATION

A parent may revoke a designation by notifying this office either verbally or in writing, or by any other act evidencing a specific intent to revoke the designation, or by executing a subsequent designation. A designated adult must notify all appropriate healthcare providers of any revocation of his/her authority. If the parent who signed this authorization form becomes incapacitated or dies, this form is automatically revoked.

PARENT SIGNATURE & NOTARIZATION

Parent name (print)

Date

Parent signature

Phone number

Parent address

On this ____ day of _____, 20____, before me personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and that he/she executed the instrument.

Notary Public

DESIGNATED ADULT SIGNATURE & NOTARIZATION

Designated adult (print)

Date

Designated adult signature

Phone number

Designated adult address

On this ____ day of _____, 20____, before me personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and that he/she executed the instrument.

Notary Public