

DESIGNATION FOR ANOTHER PERSON TO CONSENT FOR MEDICAL CARE (Third Party Designation)

There may be times when someone other than you brings your child to their medical appointment. That person may be a baby-sitter, friend, or family member, or you may want your teenager to attend appointments without an adult. Please use this form to tell us who besides yourself can consent for treatment for your child.

Patient/Child Legal Name: _____ Date of Birth: _____

Preferred Name: _____

The following person(s) is/are authorized to consent to ALL care and treatment at Chase Brexton for the above-named patient/child. Anyone you name must be at least 18.

1. Name: _____ Phone: _____

Relationship to Patient: _____

2. Name: _____ Phone: _____

Relationship to Patient: _____

The above-named patient/child may attend medical visits on their own without being accompanied by an adult and may consent to their own medical treatment. The child must be at least 16 years old.

Yes No

Expiration of Permission

This form will remain valid until cancelled.

This form is valid **ONLY** from _____ to _____.

Parent /Legal Guardian

Name: _____ Phone: _____

Signature: _____ Date: _____