



CONSENT FOR NON-PARENT TO BRING MINOR CHILD TO APPOINTMENT

Name of Patient: _____ Date of Birth: _____

I am the parent or guardian of _____ (legal name of patient).
I have the legal right to consent for medical treatment for this child (patient).

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

(Person bringing child to appointment)

(Relationship to child)

to bring the child to his or her medical appointment, and to consent to medical care which is deemed necessary by the doctors at Lifetime Eyecare Associates at the time of the appointment.

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

This consent is valid until revoked in writing by me, the parent or legal guardian.

Signature of Parent or Guardian

Printed Name

_____/_____/_____
Date

Contact phone number for parent/guardian: _____