



Non-Guardian Consent Form

Patient Name: _____ **DOB:** _____

I, _____, hereby acknowledge and grant consent for the authorized individuals to:

- Bring my child to scheduled appointments.
- Participate in discussions related to my child's care during the appointment.
- Receive relevant information necessary for the appointment.
- May participate in medical decision-making during the appointment, including discussion of treatment recommendations and medication management.
- I understand that I may not be included in communication related to an appointment attended by the authorized individual on my behalf.
- Any follow-up questions or changes after the appointment will require scheduling an additional visit.

This authorization is valid until revoked verbally or in writing by Parent/legal Guardian, or until the patient reaches the age of majority.

Authorized Individual Name(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

X _____

Signature of Parent/Legal Guardian

X _____

Date