



## Consent for Acting on Behalf of a Parent or Legal Guardian

**“This consent is for another adult besides the Parent or Legal guardian to bring a minor child for an appointment and to receive treatment”**

I, \_\_\_\_\_, being the parent/legal guardian of  
Name of Parent or Guardian

\_\_\_\_\_, give my consent for:  
Name and DOB of child

NAME	RELATIONSHIP TO PATIENT

To act on my behalf for the medical treatment of this minor in my absence. I grant my permission for treatment in a licensed hospital or by a licensed physician and the physician's assistants and designees, including such personnel as the physician may deem necessary. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. The minor named in this consent form may receive all treatment provided according to generally accepted standards of medical practice with the following limitations (if none, check box next to NONE)

Limitations: \_\_\_\_\_ None

My consent is effective for one (1) year from today or the following time period:

From: \_\_\_\_\_ To: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_