1492 S. Mill Ave. • Suite 301 • Tempe, AZ 85281 • (480) 894-5550 • Fax: (480) 894-9469

10238 E. Hampton Ave. • Suite 411 • Mesa, AZ 85209 • (480) 964-4415 • (480) 964-4582

Permission for Minor Child to be Attended by Non-Parent/Guardian

In presenting my son/daughter for diagnosis and treatment

Name: ____ DOB _____________________

__Mother __ Father __Legal Guardian

For (child) ____ DOB ______________________

For (child) ____ DOB ______________________

For (child) ____ DOB ______________________

hereby voluntarily consent to the rendering by the below named person (s) of such care as bringing my child to office visits, accept orders/prescriptions, and/or consenting to injections (example: for allergies). I understand that services will be performed by authorized members of the staff or their designees as may, in their professional judgment, be necessary. I understand that this authorization gives permission for this person (s) to be made aware of personal health information. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition. I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to (Name of Person/Agency) who will be caring for our (my) child

____DOB ____________________________

Relationship to child ________________________ Phone number ______________________

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered by this practice.

Signature of Parent/Guardian ____

Date __________________________________

This consent is valid for until 365 days after the date above unless revoked in writing.