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## Medical Authorization Form

### Consent for Patient Accompanied by party other than Parent or Legal Guardian

This **Medical Authorization form** is for occasions when the patient is accompanied by someone other than their parent or legal guardian. For example if a nanny, aunt, grandparent, step parent, or family friend schedules an appointment, calls for medical advice, or brings the patient in for an appointment rather than the parent, then this authorization would be necessary. The parent or legal guardian is able to revoke this authorization at any time.

I, \_\_\_\_\_, on \_\_\_\_\_, give the following persons permission to make medical decisions for my child.

Patient's Full Name \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

**PLEASE LIST ALL PERSONS WHOM ARE AUTHORIZED TO RECEIVE MEDICAL INFORMATION ACCORDING TO THE PARAMETERS ABOVE. THESE INDIVIDUALS WILL BE ASKED TO PRESENT IDENTIFICATION AT THE TIME OF THE VISIT. IF SOMEONE OTHER THAN THESE PERSONS CONTACTS US RELATIVE TO YOUR CHILD, WE WILL CONTACT THE PARENT OR GUARDIAN FOR PERMISSION TO TREAT OR ADVISE. IN THE EVENT OF AN EMERGENCY, WE WILL TREAT AND MAKE EVERY ATTEMPT TO CONTACT THE PARENT OR GUARDIAN.**

NAME	RELATIONSHIP	PHONE NUMBER

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date