



Phone: 919-250-3478

www.KidsFirstRaleigh.com

Consent for Patient Unaccompanied by and Adult
(patient must be 16 years or older)

I, _____ grant permission to my underage child, to be examined and
Parent or legal Guardian's name

make medical decisions recommended by *Kids First Pediatrics* for the time period of

Specific dates or indefinitely

Patient's name: _____

Patient's date of birth: _____

Limitations: circumstances or limitations of medical services for which this consent by proxy is invalid.

Parent/guardian signature

Today's date