



Consent For Patient Unaccompanied by an Adult

(patient MUST be 16 years or older)

This **Medical Authorization form** is for occasions when the patient is unaccompanied by their parent or legal guardian. For example if the patient calls and schedules an appointment, calls for medical advice, or the patient is unaccompanied for any appointment. The parent or legal guardian is able to revoke this authorization at any time and may list limitations to this authorization in the space provided below.

I, _____, on _____, grant permission to my underage child to be examined by and make medical decisions recommended by Kids First Pediatrics indefinitely OR through the following date _____.

Patient's Full Name: _____

Patient's Date of Birth: _____

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

Parent Signature : _____ Date: / /