Healthy Kids
PEDIATRIC GROUP

Consent Form

I, _____, give my consent to the following persons (non-parent or guardian), listed below to bring my child(ren) to Healthy Kids Pediatric Group and make medical decisions on my behalf for all appointments I cannot be present for. The following need to bring photo identification:

- _____ _____ _____

(Name) (Relationship to patient) (Phone Number)

- _____ _____ _____

(Name) (Relationship to patient) (Phone Number)

- _____ _____ _____

(Name) (Relationship to patient) (Phone Number)

*If the doctor or office needs to reach me at the time of the appointment I can be contacted at: _____

- Signature: _____ Date: _____

  Relationship to patient: _____