



I, _____, parent/guardian of _____, give permission to the following parties to accompany the patient to doctor visits and consent to any medical procedures in the event I am unable to attend. I understand an ID must be presented at the time of service.

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Relationship to patient: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Relationship to patient: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Relationship to patient: _____

Signature: _____ Date: _____

Witness: _____