



# Medical Authorization Form

## Consent for Patient Accompanied by Adult Other than Parent/Legal Guardian\*

The Medical Authorization Form is used when someone besides a legal parent or guardian would need to accompany the patient to an appointment. (i.e. a grandparent, nanny, aunt, step parent, etc.) Please complete a separate authorization form for each authorized individual (or couple) and each child.

I, \_\_\_\_\_, on \_\_\_\_\_, give \_\_\_\_\_,

*Parent/Guardian's Name Today's Date Substitute Authority's Name*

\_\_\_\_\_ permission to make medical decisions for my child,

*Relationship(s) to Child*

\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) for the time period of

*Child's Full Name Date of Birth*

\_\_\_\_\_.

*Give specific dates of validity or write "Indefinitely"*

\_\_\_\_\_

*Parent/Guardian Signature*

## Consent for Patient Unaccompanied by an Adult\*

I, \_\_\_\_\_, on \_\_\_\_\_, give my permission for my underage child (**16 to 18**

*Parent/Guardian's Name Today's Date*

**years old or older**), \_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) to be seen and make

*Child's Full Name Date of Birth*

medical decisions recommended by Cornerstone Pediatric & Adolescent Medicine for the period of:

\_\_\_\_\_.

*Give specific dates of validity or write "Indefinitely"*

**Limitations: Identify any limitations on the kinds of medical services for which this consent by proxy is invalid.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

*Parent/Guardian Signature*

**\*Physician reserves the right to refuse certain services if minor child is not accompanied by a parent or legal guardian.**