



## Non-Parent Consent Form

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Authorized Caregiver's Full Name

\_\_\_\_\_  
Date of Appointment

\_\_\_\_\_  
Caregiver's Relationship to Child

\_\_\_\_\_  
Caregiver's Cell Phone Number

### Signatures

I authorize the above caregiver to make any and all medical decisions on my child's behalf, including decisions to authorize surgery/treatment and/or the administration of prescription medications. I agree to pay for all services provided to my child that the caregiver authorized.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (Can be authorized Caregiver)

\_\_\_\_\_  
Date