



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