**Third Party Consent for Treatment and Examination Patient Name(s):**

We know that sometimes a parent or guardian is unavailable to bring their child in for services. By completing this form you may authorize a family member, friend or nanny that is over the age of 18 to bring your child(ren). You may designate more than one, please list below.

Patient Name(s): DOB:

 DOB:

 DOB:

 DOB:

I, , the parent/guard of the above named print first name and last

Child(ren) give permission for:

**(You are authorizing a family member, friend, or nanny other than a parent or guardian)**

To seek medical care and treatment for him/her/them. I can be reached by home phone

Phone , cell phone

And I can be reached by email

My signature below certifies my consent for examination and treatment of my chil(ren).

Signature of parent and/or guard Date

Witness signature Date

This consent is valid unless changed by a Parent of Guard