



2410 E. Avalon Avenue, Muscle Shoals, AL 35661
256-386-0808

Consent for Non-Parent to Bring Minor Child to Appointment

Name of Patient: _____ Date of Birth: _____

I am the parent or legal guardian of _____ (legal name of patient). I have the legal right to consent for medical treatment for this child (patient).

I authorize the following individual, who is a person over 18 years of age and whose relationship to the child is:

(Name of person bringing child to appointment) (Relationship to child)

to bring the child to their medical appointment, and to consent to medical care which is deemed necessary by the medical providers at Avalon Medical Group at the time of the appointment. I understand that this delegation includes receiving health information about the minor which may be needed to make immediately necessary health care decisions.

This consent is valid until revoked in writing by me, the parent or legal guardian.

Signature of Parent/Guardian Printed Name Date

Contact information for parent/guardian: _____
Phone Number