

Authorization of Non-Parent or Guardian to Attend Medical Appointment

Child's Name: _____ Date of Birth: _____

In the event that I am unable to attend my child's doctor appointment, I give the following person(s) my permission to have my child treated by Promise Healthcare personnel.

*** Please note that by signing this document you are aware that your child may be receiving medications and/or injections and the designee listed is authorized to sign for any and all procedures.*

Name of person bringing child to appointment	Relationship to Child	Phone Number

Parent Signature

Date (Expires 1 year from signature date)

Parent's Name Printed

Parent Phone Number