



Child Medical Consent Form

Patient Name (Child): _____

DOB: _____

I specifically understand and acknowledge that only a parent, legal guardian or authorized adult may accompany a child for a medical appointment. In the event that I am unavailable to accompany my child during their appointment, I hereby consent the individual listed below to act as a Temporary Guardian and accompany my child to Brighton Pediatrics for medical services. I authorize the Temporary Guardian to make medical decisions regarding my child, in my absence. I understand that I am financially responsible for all charges incurred for services rendered in my absence. I am hereby requesting that a copy of this consent form be placed in my child's medical record.

Parent Name: _____

Phone number: _____

Home Address: _____

Sole Custody:

Joint Custody:

Other(Indicate in Custody Notes):

Custody Notes:

Temporary Guardian Effective Date(s): _____ to _____

Or check if permanent

Temporary Guardian Name: _____ **Phone:** _____

Consent to make the following medical decisions regarding:

Sick visits Well visits

Vaccines Administering Medications Other _____

Parent/Guardian Signature _____

Date _____