

**Authorization for a Care-Taker**

(Non-legal guardian) to Accompany a Minor to Appointments

**Patient Name:** (first, MI, Last): \_\_\_\_\_

**Patient Social Security Number:** \_\_\_\_\_

I \_\_\_\_\_ (legal guardian name) authorize \_\_\_\_\_ (name of care-taker) bring my minor child \_\_\_\_\_ (child's name) to \_\_\_\_\_ (practice name) for scheduled appointments for treatment in which a legal guardian to my child has previously consented to be performed on my child.

I understand this authorization for a care-taker to accompany my minor child to appointments does not permit the caretaker to consent to treatment on behalf of a legal guardian. I understand that only a legal guardian may consent to treatment for my child.

If treatment consent, that has not been previously diagnosed and accepted by a legal guardian authorized as such with this practice, is required at an appointment in which a care-taker is accompanying my minor child, the legal guardian will be contacted prior to proceeding with the treatment plan. If the legal guardian cannot be reached to provide treatment consent, the treatment will not be performed.

I understand that this authorization will remain in effect until the practice is otherwise notified of the above designated care-taker's change in status. I understand that it is my responsibility, as the legal guardian, to inform \_\_\_\_\_ (practice name) of any change to this authorization.

\_\_\_\_\_  
Patient or Patient's Representative Signature

\_\_\_\_\_  
Date