



INDIANA ALLERGY & ASTHMA

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CONSENT FOR NON-PARENT TO BRING MINOR CHILD TO APPOINTMENT

I am the parent/guardian of: Patient Name:

Date of birth:

I have the legal right to consent for medical treatment for this child and authorize the following individual, who is a person over 18 years of age and whose relationship to the child is:

(Person bringing child to appointment)

(Relationship to child)

to bring the child to his or her medical appointment, and to consent to medical care which is deemed necessary by the physicians and medical providers at Indiana Allergy and Asthma at the time of the appointment. I understand that this delegation includes receiving health information about the minor necessary 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 or Guardian _____

Printed Name

Date