

FENTON PEDIATRICS, LLC

**AUTHORIZATION TO PROVIDE CONSENT
FOR MEDICAL CARE TO A MINOR CHILD**

I, the undersigned parent or legal guardian of the child listed below:

Name: _____ Birth Date: _____
(printed name of child)

Authorize the following person(s) to seek medical care and treatment for my child during my absence.

This consent shall remain in effect until I terminate this agreement in writing.

Printed Name of parent or legal guardian: _____

Signature: _____

Date: _____

Daytime phone number of parent: _____

Home phone number of parent: _____

I agree to consent to, and arrange for, the above-named child's medical care as provided on this form:

Printed name of temporary custodian:

Signature of temporary custodian:

Address of temporary custodian:

Date of signature