

**DESIGNATION FOR ANOTHER PERSON TO CONSENT TO CARE
(Third Party Designation)**

There may be times when someone other than you brings your child to their appointment. That person may be a baby-sitter, friend, or family member, or you may want your teenager to attend appointments without an adult. Please use this form to tell us who besides yourself can consent for treatment for your child.

Patient/Child Legal Name: _____ Date of Birth: _____

Name preference (How would you like to be addressed?): _____

The following person(s) is/are authorized to consent to ALL care and treatment at Chase Brexton for the above-named patient/child. Anyone you name must be at least 18.

1. Name: _____ Phone: _____

Relationship to Patient: _____

2. Name: _____ Phone: _____

Relationship to Patient: _____

The above-named patient/child may attend visits on their own without being accompanied by an adult and may consent to their own treatment. *The child must be at least 16 years old.*

___ Yes ___ No

Expiration of Permission

___ This form will remain valid until cancelled.

___ This form is valid **ONLY** from _____ to _____.

Parent /Legal Guardian

Name: _____ Phone: _____

Signature: _____ Date: _____