



AUTHORIZATION FOR NON-PARENT TO CONSENT

I am the legal guardian/parent of:

_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth

I authorize the following listed to consent for care of the above child(ren):

_____	_____
Name	Relation
_____	_____
Name	Relation
_____	_____
Name	Relation

I am authorizing the above name person(s) to consent care for:

<input type="checkbox"/> Medical Care	<input type="checkbox"/> Labs
<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Vaccinations

This authorization will remain in force until revoked in writing by me.

_____	_____	_____
Parent/Legal Guardian Name	Signature	Date Signed