

Today's Date ____/____/____

Patient Name _____



Individuals Authorized to Consent to Treatment

We understand that there may be times when parents are unable to accompany their child to an appointment with TLC Pediatrics. Please use this form to designate up to four adults who have your permission to accompany your child and seek treatment from our physicians. Please note – each individual you designate **must** be an adult at least 18 years old.

The following individuals have my permission to seek treatment for emergent and preventative care for my child with TLC Pediatrics:

1. _____
Name

Relationship to child

3. _____
Name

Relationship to child

2. _____
Name

Relationship to child

4. _____
Name

Relationship to child

Printed Name of Responsible party

Signature of Responsible Party

A photocopy or scan of this authorization shall be considered as effective and valid as the original

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