



Carlile Pediatrics

78 CAMBRIDGE COURT WETUMPKA, AL 36093

334-567-6915 Accepting New Patients

 www.carlilepediatrics.com

Non Parental Authorization for Consent to Medical Care and Treatment

I, _____, parent/legal guardian of the child(ren) listed below do hereby give authorization and consent for the below named authorized person(s) to consent to the medical care and treatment for my child(ren). I hereby authorize and grant that the below named person has/have permission from the natural parent to sign/give authorization for procedures and treatments deemed necessary for the wellbeing of my child(ren).

I am, by this document, representing that I have the authority to consent for all medical care and treatment of the said child(ren).

Signature Relationship to child(ren) Date

Child(ren)

Name

Name

Person(s) other than parent/ legal guardian who are authorized to get medical care for the child(ren) listed above:

Name Relationship to Child (ren)

Name Relationship to Child (ren)

Name Relationship to Child (ren)

Name Relationship to Child (ren)