



THE PEDIATRICIANS OF HYDE PARK, LLC

MEDICAL CONSENT AUTHORIZATION

I, _____, am the Parents/ Legal Guardian (if Legal Guardian, attach copy of court order) listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

I, _____, do hereby confer upon
(Name of Parent or Legal Guardian or Custodian)

(Name of Person Bringing Child(ren) for Care)

Residing at _____

The power to consent to necessary medical or mental health treatment for the following child(ren):

- 1) Name: _____ DOB: _____
- 2) Name: _____ DOB: _____
- 3) Name: _____ DOB: _____
- 4) Name: _____ DOB: _____

And on the child(ren)'s behalf do hereby state that the power to consent that I confer shall not be affected by my subsequent disability of incapacity. The power that I confer is specifically limited to health care and mental health care decision making, and it may be exercised only by the person names above.

The person named above may consent to the following examinations and treatment for my child(ren) (check all that apply):

- Medical Surgical Mental Health
- Development Dental Immunizations
- Other (specify) _____

And may have access to any and all records, including, but not limited to, insurance records regarding any such services (except as may be excluded under state and federal law.)

I confer the power to consent freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency. This document shall remain in effect until it is revoked by my written notification to my child(ren)'s, mental health care, and insurance providers, and the person named above.

Signature of Parent of Legal Guardian

Date

Signature of Adult Person who is Being Given Power to Consent

Date