

### Designation of Another Person to Consent for Treatment

It is best that children are brought for treatment by a parent or legal guardian. However, there may be times when that is not possible, and you need others (babysitter, friend, or family member) to act on your behalf.

Should your child need to be seen at one of our Memorial Medical Group locations, we must have **your written consent** to allow the person you select to seek treatment and sign the consent form. **This person must be 18 years of age or older.**

Please complete the following:

I, (Full Name of Parent or Legal Guardian) \_\_\_\_\_

(Address) \_\_\_\_\_

(Home Phone) \_\_\_\_\_ (Mobile Phone) \_\_\_\_\_

(Work Phone) \_\_\_\_\_

(Child's Full Name) \_\_\_\_\_

(Child's Date of Birth) \_\_\_\_\_

I give the following person(s) permission to seek treatment and provide consent for such treatment on my behalf.

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Relationship

My permission for the people listed above begins on the date of my signature below. It will stay in force until cancelled by me in writing. You may mail your request to cancel to your providers office. For fastest service, please attach a copy of this original Designation Form with your notice.

X \_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date and Time (required)