Caregiver Consent (Non-Parent Bringing Child)

I give permission for the adult(s) named below to bring my child to Franklin Pediatric Associates and to consent to routine care (check-ups, sick visits, and vaccines) when I cannot come. This does not give them access to records unless I check the box below

Child's name: _____ **Date of birth:** _____

Authorized adult 1 - Name: _____

Relationship: _____ Phone: _____

Authorized adult 2 - Name: _____

Relationship: _____ Phone: _____

May these adults also receive visit information?: ☐Yes ☐No:

_____

This consent lasts until (date, or write "until I cancel it"):

_____

Parent/Guardian signature _____

Date: _____