

**ALTERNATIVE CONSENT FOR MINOR BY NON-PARENT**

The purpose of this Alternative Consent Form is to ensure efficient and timely execution of medical advice and treatment plans, the goal of which is to serve the best interest of the minor. Under certain circumstances consent may be given to other parties with the express written consent below.

**AUTHORIZATION TO TREAT A MINOR**

I, \_\_\_\_\_, the parent/legal guardian, give my consent for the following people to seek medical care for the below listed child/children in the event I or another parent/ guardian are unable to be present for the appointments:

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Consent Granted To:**

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

I acknowledge that in order for Covenant Medical Group to administer vaccines/injections or other treatment to my child in my absence, I must give my permission. I am aware that I have the right to withdraw my consent for any reason and at any time upon written notice of this desire. I hereby state that I have read and understand this consent.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date



**PARENTAL/GUARDIAN VERBAL CONSENT**

The parent/guardian/conservator \_\_\_\_\_ (name) of \_\_\_\_\_  
 (patient's name) were notified by phone and have given consent for the patient to be seen today  
 \_\_\_\_\_ (date) for \_\_\_\_\_ (reason for visit).

\_\_\_\_\_  
 Witness Date

\_\_\_\_\_  
 Witness Date