



## CONSENT FOR NON-PARENT TO BRING IN MINOR

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If parents/legal guardians are unable to bring minor to his/her appointment you may authorize any other person over the age of 18 years of age to bring them. Furthermore they will have the ability to schedule and or cancel appointments, request prescription refills, approve necessary course of treatment in the event of an anaphylactic reaction, and inquire about billing statements.

By signing this form I authorize Kern Allergy Medical Clinic to treat and administer medications, vaccines or any other procedure my son or daughter may need.

The following people have my permission to bring them:

1. Person being given  
Authorization: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_
2. Person being given  
Authorization: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

This consent will remain in effect until the patient reaches the age of eighteen unless revoke in writing to Kern Allergy Medical Clinic.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date