

**Consent for Treatment by an Adult
Other Than Parent or Legal Guardian**

South East Bay Pediatric Medical Group
2191 Mowry Ave., Ste. 600C, Fremont CA 94538
Ph. (510) 792-4373 Fax (510) 792-3420

This form allows parent(s) or legal guardians to designate another adult (for example, a grandparent or other relative or adult 18 years or older) into whose care the minor patient has been temporarily entrusted in order to bring their child in if parent(s) or legal guardian(s) are unable to be present at the appointment.

Child's Name: _____
Child's Date or Birth: _____
Name of Adult Designee: _____
Relationship to Patient: _____

The above named person has my permission to bring my son or daughter to his/her scheduled appointment(s). I authorize the physicians of South East Bay Pediatric Medical Group, Inc. to: 1) discuss any medical issues with the above named designee and 2) perform on my child any necessary or routine medical or surgical treatments, including examination, injections, immunizations, and/or diagnostic procedures, including radiologic studies and/or laboratory analysis. I understand that in unusual circumstances efforts will be made to contact me prior to the rendering of treatment, but that medical treatment will not be withheld if I cannot be reached.

This authorization will remain in effect unless so designated in writing that such consent for treatment of a minor is rescinded.

Signature: _____ Date: _____

Name: _____

mother father legal guardian

Signature: _____ Date: _____

Name: _____

mother father legal guardian