

*FENTON PEDIATRICS, LLC*

**AUTHORIZATION TO PROVIDE CONSENT  
FOR MEDICAL CARE TO A MINOR CHILD**

I, the undersigned parent or legal guardian of the child listed below:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(printed name of child)

Authorize the following person(s) to seek medical care and treatment for my child during my absence.

\_\_\_\_\_  
\_\_\_\_\_

This consent shall remain in effect until I terminate this agreement in writing.

Printed Name of parent or legal guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime phone number of parent: \_\_\_\_\_

Home phone number of parent: \_\_\_\_\_

I agree to consent to, and arrange for, the above-named child's medical care as provided on this form:

\_\_\_\_\_  
Printed name of temporary custodian:

\_\_\_\_\_  
Signature of temporary custodian:

\_\_\_\_\_  
Address of temporary custodian:

\_\_\_\_\_  
Date of signature