



PEDIATRIC
ASSOCIATES

55 High Street
Suite 102
Hampton, NH 03842
(603)929-3838

330 Borthwick Ave
Suite 101
Portsmouth, NH 03801
(603)-436-7171

CONSENT FOR NON-PARENT TO BRING MINOR CHILD TO APPOINTMENT(S)

NAME OF PATIENT: _____ **DOB:** _____

I authorize the following individual, who is a person over the age of 18, to bring my child to today's appointment and any future appointments. I consent to medical treatment including testing, medications and vaccinations deemed necessary by the medical providers at Pediatric Associates.

(PERSON BRINGING CHILD TO APPOINTMENT)

(RELATIONSHIP TO CHILD)

This consent is valid until revoked in writing by me, the parent/ legal guardian.

Signature of Parent/ Legal Guardian

Printed Name

Date

Phone # of Parent/ Legal Guardian