



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 BRINING 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**