



## DESIGNATION OF ANOTHER PERSON TO CONSENT FOR TREATMENT

(Please Print)

I, \_\_\_\_\_, am unable to accompany my child \_\_\_\_\_  
(Name of Parent/Legal Guardian) (Name of Child)

to Hometown Pediatric Care, LLC, or any other licensed medical facility; Therefore, I give my permission to \_\_\_\_\_ as follows (check ONE):  
(Name of Person)

- I give permission for this person to seek treatment, including any type of minor procedure or diagnostic tests, ect. and provide consent for such treatment if attempts to contact me are unsuccessful.
- I give permission for this person to seek treatment, including any type of minor procedure or diagnostic tests, ect. and provide consent for such treatment **WITHOUT** having to contact me.

Expirations (Check ONE):

- This designation will remain in effect until I revoke it, in writing by completing the "Notice to Revoke" form.
- This designation is valid **ONLY** during the following time frame:

Effective from: \_\_\_\_\_ Effective to: \_\_\_\_\_  
(Starting Date) (Ending Date)

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Time)

\_\_\_\_\_  
(Signature of Witness-18year of age or older)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Time)

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_



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**Medical Information**

Name of Child: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergies to Medication(s): \_\_\_\_\_

Hospitalizations (list dates and reasons for hospitalization): \_\_\_\_\_

Medication(s) Child is Taking (including over the counter): \_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_ (date) by

\_\_\_\_\_ [name of principal].

[Notary Seal, if any]:

\_\_\_\_\_  
(Signature of Notarial Office)

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_