



**Other Individuals Authorized to Accompany Minor and
Consent to Routine Treatment**

Patient Name: _____ **DOB:** _____

Purpose:

Minnesota law requires South Lake Pediatrics to obtain consent from an authorized parent or legal guardian for medical services provided to patients under 18 years of age, except under limited circumstances. In addition to the legal guardians of the patient, the following persons are authorized to:

- (1) accompany my child during appointments at South Lake Pediatrics;
- (2) consent to the provision of routine medical care; and
- (3) receive medical information pertinent to the care and treatment of my child. I agree to be available by phone (at the number listed below) during any scheduled visit for any required consent.

Name:

Relationship to Child:

1. _____

2. _____

3. _____

I understand that I am still financially responsible for all medical expenses incurred at such visits, including those consented to by the proxy decision-maker. Routine medical care may include but is not limited to medical evaluation, physical examination, lab work, prescribing medications, and follow-up care for treatment consented to by me and/or my child's legal guardian. Routine medical care does not include procedures or surgical treatment. This consent is valid until revoked in writing.

Parent/Legal Guardian Name (1): _____

Phone Number to Reach During Appointments: _____

Parent/Legal Guardian Name (2): _____

Phone Number to Reach During Appointments: _____

Parent/Legal Guardian Signature: _____ **Date:** _____