CONSENT FORM

THIS FORM ALLOWS PARENTS/LEGAL CUSTODIAN TO DESIGNATE WHICH OTHER ADULTS WILL MAKE MEDICAL DECISIONS FOR A CHILD IN THE ABSENCE OF PARENTS/LEGAL CUSTODIAN.
PARENT'S/GUARDIAN'S DELEGATION OF AUTHORITY TO CONSENT TO MEDICAL TREATMENT OF MINOR CHILD.

I, the undersigned parent, legal guardian, or person having legal custody of __________________________, a minor child, do hereby authorize the individuals listed below to act as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care to be rendered to said minor child under the supervision of a physician and surgeon licensed or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a physician.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the said agents to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician and surgeon in the exercise of his or her best judgment may deem advisable.

INDIVIDUALS AUTHORIZED TO CONSENT TO MEDICAL TREATMENT OF MINOR CHILD (LIST INDIVIDUALS OTHER THAN PARENTS OR GUARDIANS OF MINOR)

1.______________________________________ Relationship ________________________
2.______________________________________ Relationship ________________________
3.______________________________________ Relationship ________________________
4.______________________________________ Relationship ________________________
5.______________________________________ Relationship ________________________
6.______________________________________ Relationship ________________________

This authorization shall remain in effect for 1 year from below date, unless sooner revoked in writing and delivered to Desert Sun Pediatrics, P.C.

Dated: _________________

At, Phoenix, Arizona

____
SIGNATURE of Legal Guardian/Person Having Legal Custody

____
Print Name

*The signature of either parent, legal guardian, or person having custody is required.