



# CONSENT FOR NONPARENT TO BRING MINOR CHILD TO APPOINTMENT

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am the parent or guardian of \_\_\_\_\_  
(Legal Name of Patient)

I have the legal right to consent to medical treatment for this child (patient).

I authorize the following individual, who is a person over 18 years of age, to bring the child to their medical appointment and to consent to medical care if deemed necessary by the physicians and medical providers at Ear, Nose and Throat Specialists of Illinois at the time of the appointment. I understand this delegation includes receiving health information about minors required to make health care decisions immediately.

\_\_\_\_\_  
Person Bringing the Child to Appointment

\_\_\_\_\_  
Relationship to Child

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

Contact information for parent/guardian: \_\_\_\_\_  
Phone Number Date