



Children's
of Alabama

Consent for Medical Treatment of a Minor Child

When you are away from your child, the person entrusted with your child's care may be faced with an illness or injury to your child that cannot be treated promptly until your consent has been obtained. If you would like to give permission to your child's caretaker, or someone other than yourself to seek medical care in your absence, please complete the following form:

Patient's Name(s) _____ DOB: _____
 _____ DOB: _____
 _____ DOB: _____
 _____ DOB: _____

I, _____, authorize the following person(s) to bring my child/children to _____ for medical care and treatment, as needed.

Name	Relationship	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization will remain in effect until canceled by me in writing.

 Parent/Legal Guardian Printed Name Date

 Signature of Witness Date

Consent to Discuss Financial Information

Unless we have written permission we will not discuss financial information with anyone other than the person responsible for the account as per our financial policy. If there is anyone who has your permission to discuss this information with our insurance and billing office, such as a care taker, a step parent or a grandparent, please list this person or person's below. Please know that as always, the person who accompanies the patient is responsible for the bill or co-pay at time of visit.

 Name Relationship

 Name Relationship

 Signature of Responsible Party Date