



ALTERNATIVE CONSENT FOR MINOR BY A NON-PARENT

The purpose of this Alternative Consent Form is to ensure efficient and timely execution of medical advice and treatment plans, the goal of which is to serve the best interest of the minor in need of care. Under certain circumstances consent may be given to other parties with the express written consent below. *Initial* _____

AUTHORIZATION TO TREAT A MINOR

I, _____, the parent/legal guardian, give consent for the following people to seek medical care for the below listed child/children in the event I or another parent/guardian are unable to be present for the appointments:

Name of Minor: _____	Date of Birth: _____
Name of Minor: _____	Date of Birth: _____
Name of Minor: _____	Date of Birth: _____

CONSENT GRANTED TO:

Name: _____	Relationship to Minor: _____
Name: _____	Relationship to Minor: _____
Name: _____	Relationship to Minor: _____

I acknowledge that for LUBBOCK PRIMARY CARE to administer vaccines/injections or other treatment to my child in my absence, I must give my permission. I am aware that I have the right to withdraw my consent for any reason and at any time upon written notice of this desire. I hereby state that I have read and understand this consent. *Initial* _____

_____ Patient Name (printed)	_____ Patient/Guardian/Legal Representative Signature	_____ Date
_____ Witness Name (printed)	_____ Witness Signature	_____ Date

PARENT/GUARDIAN VERBAL CONSENT (to be obtained by LUBBOCK PRIMARY CARE representative)

The parent/legal guardian _____ (name) of _____ (patient name) were notified by phone and have given consent for the patient to be seen today _____ (date) for the reason of _____

_____ Verifier Name (printed)	_____ Verifier Signature	_____ Date
_____ Witness Name (printed)	_____ Witness Signature	_____ Date