



TEMPORARY CONSENT
FOR SOMEONE OTHER THAN
PARENT OR GUARDIAN TO
BRING MINOR CHILD TO APPOINTMENT

I, _____ am the parent or legal guardian of the
Print: First name Last name

minor patient, _____ Date of Birth: ____ / ____ / ____
Print: First name Last name

I have the legal right to consent for medical treatment for the patient.

As I am unable to be present during **this appointment**, I authorize the following responsible

adult, _____ Date of birth: ____ / ____ / ____
Print: First name Last name

to bring the patient to their appointment and give consent for medical care. I understand such medical care may include treatments deemed medically necessary by the providers at Mississippi Pediatric Endocrine Care. I authorize this person to also receive confidential health information about the patient which may include test results, diagnosis, treatment plan, and follow-up instructions. I understand it is my responsibility to discuss the information given with this person and that I may contact MSPEC with any questions I may have. I understand it remains my responsibility to follow through with the treatment plan, patient instructions, and recommended follow-up despite the fact I was not present during the appointment.

Signature: _____ Date: ____ / ____ / ____