



# All About Kids Pediatrics

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## Non-parental consent to medical care and treatment

I, \_\_\_\_\_ parent/legal guardian of the child(ren) listed below do hereby give my authorization and consent for the below named authorized person(s) to consent to the medical care and treatment of my child(ren). I hereby authorize and grant that the below named person(s) has/have permission from the natural parents to sign for any medical/surgical procedures or treatments deemed necessary for the well-being of my child(ren).

Child(ren):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Authorized person(s):**

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Parent name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 7/17/2016