



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 medical care and treatment of my child(ren). I hereby authorize and grant the below names person(s) has/have permission from the natural parents to sign for any medical/surgical procedures and treatments deemed medically necessary for the well-being of my child(ren)

Child(ren)

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Authorized Person(s)

Name: _____ Relationship to Child(ren): _____

Name: _____ Relationship to Child(ren): _____

Name: _____ Relationship to Child(ren): _____

Name: _____ Relationship to Child(ren): _____

Parent/Legal Guardian Signature

Date