



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 consent to give my authorization 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 named person(s) has/have permission from the natural parents to sign for any medical/surgical procedures or treatments deemed medically necessary for the well-being of my child(ren).

Child(ren):

Name and DOB

Name and DOB

Name and DOB

Name and DOB

Name and DOB

Name and DOB

Authorized person(s):

Name

Relation to Patient

Name

Relation to Patient

Name

Relation to Patient

Parent/legal guardian signature

Date