



1123 Heatherstone Drive • Fredericksburg, VA 22407

Authorization to Care for Minor Child in Parent/Guardian's Absence

I, _____, the legal parent/guardian of minor child, _____, hereby give my full consent for the following named adults to bring my child to their medical appointments, and to discuss and/or make any necessary medical decisions in my absence, for the above named minor child. Furthermore, I authorize the medical facility physicians, staff members, and other associates within the medical facility, to discuss my minor child's medical care with the following selected adults:

Name: _____ Phone: _____
Discuss care when unable to reach parent? Yes No

Name: _____ Phone: _____
Discuss care when unable to reach parent? Yes No

Name: _____ Phone: _____
Discuss care when unable to reach parent? Yes No

Name: _____ Phone: _____
Discuss care when unable to reach parent? Yes No

May we leave detailed information, appointment information and/or test results on your personal answering machine? Yes No

Specific Instructions or Limitations, if any:

We will continue to rely on the information of this form when communicating with family members or others involved in your child's care unless you request changes in writing. Please notify this office promptly if you wish to alter the designations noted above.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____