



PP 306: Consent For Adult Other than Parent to Accompany Minor

I hereby authorize the individual referenced below to accompany my child to his/her appointment(s) at Carolina Asthma & Allergy Center. I acknowledge that this individual is 18 years of age or older.

Patient Name: _____ DOB: _____
(Please Print)

Parent's Name: _____
(Please Print)

Name of Responsible Adult: _____
(Please Print)

This permission is granted for: _____
(Date)

This permission is granted for the following timeframe: _____ to _____
(Dates)

This permission is granted for all visits

Parent's Signature: _____ Date Signed: _____

Internal Use Only

MR # _____