

# Cinco Ranch Pediatrics

3030 South Mason Rd.  
Katy, Texas 77450  
281-395-4300

## 2011 Authorization for Non-parent to Consent for Care

I am the legal guardian/parent of :

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

I acknowledge that the following person is also the legal guardian of the listed child(ren):

\_\_\_\_\_

I authorize the following person(s) to consent to the care of my children in my absence:

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

This authorization permits the above-named persons to consent for:  
**(please initial)**

\_\_\_\_\_ medical care

\_\_\_\_\_ vaccinations

\_\_\_\_\_ antibiotic injections

This authorization will remain in force until revoked in writing by me. I hereby attest that I have the legal authority to delegate my authority to consent for care, and that no legal agreement prevents me from delegating my authority.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name