

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF CHILD

I, _____, make oath and state that I am the lawful guardian of
(Parent/Guardian Name)
the child listed below and there are no court orders now in effect that would prohibit me
from conferring the power to consent upon another person.

_____, was born _____, and
(Name of Child) (Child's Date of Birth)
resides with me at _____.
(Home Address)

I hereby authorize and appoint _____ as my agent. My
(Name of Agent)
agent may consent to my child's medical examination or treatment during the office visit
at Willamette Ear, Nose and Throat.

The purpose of this instrument is to give _____ the
(Name of Agent)
power and authority to consent to medical treatment for my child and this power and
authority will be effective _____. I give this consent freely and
(Today's Date)
knowingly in order to provide for the child and not as a result of pressure, threats or
payments by any person or agency. This consent will remain in effect until it is revoked
by notification in writing by myself.

I understand this is for office visits only; I must be present for pre-operative appointments and surgery or procedures.

Any questions or concerns regarding this authorization may be directed to me at:

Contact phone: _____

I hereunto sign my name, _____, on this
(Signature of Parent/Guardian)
day, _____.
(Today's Date)