

## Parental Delegation of Consent Form

**I am the Parent or Legal Guardian of:**

My Child's Name:	
My Child's Date of Birth:	

My Child is currently taking the following **Medications:**


My Child has the following **Allergies:**


**I authorize** the following adult (18 or older) as my delegate. They may accompany my child to appointments at Zoomcare when I am unavailable, and *consent to treatment* for my child:

Name:	
Relationship:	
Email Address:	
Phone Number:	

**Expiration Date:** This consent will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_. If no date is specified, then this consent will expire *one year* from the date signed.

**I understand** that this consent is given in advance of any specific diagnosis and such a diagnosis may later require my specific informed consent before treatment can be provided.

**Signature of Parent or Legal Guardian:**

Date Signed:	
Print Name:	
Signature:	