

**Parental/Guardian's Consent to Treat a Minor
Accompanied by another adult**

Many times parents find themselves unable to accompany their children to appointments. This form has been prepared for your convenience should you at some time have someone else accompany your minor children.

I give permission to _____ to consent to the treatment of my son/daughter _____ by any physician or nurse practitioner of Eagan Valley Pediatrics.

I also agree that test results and/or medical information may be release to the above-named adult.

Signature _____ Date _____

This form expires in 1 year unless revoked in writing by the parent or guardian.