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Parent Delegation Form	Instructions: Complete all appropriate fields. Original must be on file at office.
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Authorizing the Medical Care of a Minor

I, _____, am the
 (Print Name)

- Natural or adoptive parent of
- Guardian of
- Person who, under court order, is authorized to give consent for

The minor, _____
 (Print name of minor)

I, hereby, delegate _____
 (Print name of person to whom authority is delegated)

To give consent of medical care and immunizations of the above named minor. The Relationship of this person to the minor is:

- Grandparent
- Adult brother or sister
- Adult aunt or uncle
- Step-parent
- Another adult who has care and control of the above named minor

 Signature of parent or guardian

 Witness

 Date

 Date