

**Mayfair Medical Group**  
3401 Independence Drive  
Birmingham, AL 35209  
(205) 870-1273

### Consent for Medical Treatment of a Minor Child

When you are away from your child, the person entrusted with your child's care may be faced with an illness or injury to your child that cannot be treated promptly until your consent has been obtained. If you would like to give permission to your child's caretaker, or someone other than yourself to seek medical care in your absence, please complete the following form.

Patient's Name(s) \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, authorize the following person(s) to bring my child/children to Mayfair Medical Group for medical care and treatment, as needed.

_____	_____	_____
Name	Relationship	Date
_____	_____	_____
Name	Relationship	Date
_____	_____	_____
Name	Relationship	Date
_____	_____	_____
Name	Relationship	Date

This authorization will remain in effect until canceled by me in writing.

_____	_____	_____
Parent/Legal Guardian	Printed Name	Date
_____	_____	
Signature of Witness	Date	