

It is best that children are brought for medical treatment by a parent or legal guardian. However, there may be times when someone other than you takes care of your child. That person may be a friend, a baby-sitter, or another family member. If your child must be seen at ENT Associates during these times, we need the person who brings your child to be able to sign a consent form for ENT Associates to provide medical care.

NOTE: The parent or legal guardian of a child being treated by ENT Associates MUST accompany the child to the initial visit with the physician.

This form allows the person you choose to seek medical treatment and sign consent for your child when you are unable to come with the child. **The person you name must be 18 years of age or older.**

How to Use this Form

1. Complete all information on the form. **Please use a separate form for each child.**
2. Sign and date the form and have an adult witness your signature. The person who will accompany your child can be the witness of your signature.
3. Give the completed form to the person who you have chosen. Have the person bring this form and any other pertinent records when he or she brings your child to ENT Associates. Please fill out a separate form for each person who may bring your child.
4. This form is kept in the medical record of your child, but the person you have chosen should still bring a copy of the form with them.
5. By checking the appropriate boxes, you can choose to have this form be valid until you revoke it or only during a designated time period.
6. If you have a need to revoke this form, please complete the page titled Notice to Revoke "Designation of Another Person to Consent for Medical Care" Form.
7. Be sure to tell the person who comes with your child to get the doctor's and nurse's instructions in writing before leaving ENT Associates. If you have questions about the instructions, be sure to call the doctor's office.

Designation of Another Person to Consent for Medical Care

I, (parent/legal guardian) _____ cannot accompany my child,
(child's name) _____, to ENT Associates. Therefore, I give permission to
(person's name) _____ as follows (check one):

_____ I give permission for this person to seek medical treatment, including any type of in-office procedure, and provide consent for such treatment if attempts to contact me are unsuccessful.

_____ I give permission for this person to seek medical treatment, including any type of in-office procedure, and provide consent for such treatment without having to contact me.

Expiration of Permission (check one):

_____ This form will remain in effect until revoked by filling out the Notice to Revoke "Designation of Another Person to Consent for Medical Care" Form.

_____ This form is VALID ONLY during the following timeframe:

Effective date: _____ / Expiration date: _____

X _____
(Signature of parent or legal guardian)

Date and time signed (Required)

X _____
(Signature of witness – 18 years of age or older)

Date and time signed (Required)

Designation of Another Person to Consent for Medical Care

NOTICE TO REVOKE "DESIGNATION OF ANOTHER PERSON TO CONSENT FOR MEDICAL CARE" FORM

I, (parent/legal guardian) _____, am the parent of (child's name) _____. Please immediately revoke prior permission for (person's name) _____ to consent for medical care of my child.

X _____
(Signature of parent or legal guardian)

Date and time signed (Required)

X _____
(Signature of witness – 18 years of age or older)

Date and time signed (Required)

Clinic Use Only:

Revoked by: (Staff Name): _____

Date: _____

In order to process your Notice to Revoke, please bring this form with you to your next visit or fax it to the appropriate clinical location. If faxed, please confirm with the office that it was received. Thank you.

CLEARWATER

Office: (727) 441-3588
Fax: (727) 461-1038

COUNTRYSIDE

Office: (727) 791-1368
Fax: (727) 726-7579

DUNEDIN

Office: (727) 450-0560
Fax: (727) 450-0563

FAC

Office: (727) 446-3223
Fax: (727) 683-8567

LARGO

Office: (727) 397-8551
Fax: (727) 399-8057

PORT RICHEY

Office: (727) 819-0368
Fax: (727) 819-8080

ST. PETERSBURG

Office: (727) 767-0933
Fax: (727) 767-0909

TAMPA

Office: (813) 925-5000
Fax: (813) 925-5005

TRINITY

Office: (727) 247-1234
Fax: (727) 247-1236