



BARNARD FAMILY

• HEALTH CENTERS •

Your Healthcare Home

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CONSENT FOR NON-PARENT TO BRING MINOR CHILD TO APPOINTMENT

Name of Patient: _____ Date of Birth: _____

I am the parent or guardian of _____ I have the legal right to

Consent for medical treatment for this child (patient) _____

I authorize the following individual, who is a person over 18 years of age and whose relationship to the child is:

(Person bringing child to appointment) (Relationship to child)

To bring the child to his or her medical Appointment, and to consent to medical care which is deemed necessary by the physicians and medical providers at: Barnard Family Health Centers at the time of the appointment? I understand that this delegation includes receiving health information about the minor necessary to make immediately necessary health care decisions.

This consent is valid until revoked in writing by me, the parent or legal guardian.

Signature of Parent or Guardian: _____

Printed Name: _____

Date Contact information for parent/guardian: _____

Phone Number: _____