CONSENT FOR NON PARENT TO SUPERVISE TREATMENT OF A MINOR

I, _____, (circle one) mother / father

of _____, hereby allow

_____ to supervise treatment of my child in your office. I understand that the supervising adult will be responsible for providing me any information discussed during the visit today. I further understand that this authorization will remain in effect until I revoke it in writing.

Signature: _____ Date: _____

*Please attach a copy of a photo ID containing matching signature to this authorization.