

Legal Guardian

I am the legal guardian for the patient named below and make decisions on their medical care provided. In signing this document, I also agree to assume financial responsibility for their account.

Patient Name: _____ Date: _____

Guardian Name(print): _____

Guardian Signature: _____

As the legal guardian of _____ (patient's name), I authorize him/her to be seen by the doctor in the presence of the following individuals.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Guardian Signature: _____ Date: _____