LAMAS MEDICAL CENTER
Allergy • Immunology • Aesthetic & Weight Loss Management

ANA M. LAMAS, M.D.
DIPLOMATE, AMERICAN BOARD OF
ALLERGY AND IMMUNOLOGY
WWW.LAMASMEDICAL.COM

2000 S.W. 27TH AVENUE, STE 301
MIAMI, FLORIDA 33145
PHONE (305) 461-2010
FAX (305) 648-0140

**AUTHORIZATION TO CONSENT FOR MEDICAL CARE OF A MINOR WHEN LEGAL GUARDIAN OR PARENT(s) IS UNABLE TO BRING PATIENT**.

I, _____, parent/legal guardian of the child(ren) listed below do hereby give my authorization and consent for the below named authorized person(s) to consent to the medical evaluation and treatment of my children(ren) at Lamas Medical Center.

I am, by this document, representing that I have the authority to consent for all medical care and treatment of said child(ren):

Signature: _____ Date: _____

Relationship to child(ren)_____

Child(ren):

Name: _____

Name: _____

Name: _____

Person(s) who are authorized to bring child(ren) for medical evaluation and treatment: (example: Step-parent, Grandparent, Adult aunt or uncle, Adult children), a person who has power of attorney to provide medical consent for the minor.

Name & relationship to child(ren): _____

Name & relationship to child(ren): _____

Name & relationship to child(ren): _____

I there is any change in the list, please send a written authorization to add any other person.