

Parent/Legal Guardian Consent to Accompany a Minor

Paper Version

Individual in Service: ID: DOB:

I am the parent or legal guardian of the above-named child.

I authorize to accompany and/or supervise the above-named child for appointments and medication administration.

- Received verbal consent from individual/guardian/parent due to COVID-19 social distancing restrictions
- Original was completed via paper form - A digital copy will be maintained in the Individual's Chart

Legal or Personal Representative Relationship to Individual (if applicable):

Individual in Service Signature:

Date:

Legal or Personal Representative of Individual:

Date