



## Authorization for Non-Custodial Caregivers to Consent to Treat

SEE Alternatives Pediatrics (SEEAP) requires written authorization from parents or legal guardians to allow a non-custodial caregiver (relative, nanny, etc) to bring a child to a visit and provide consent for treatment.

I, \_\_\_\_\_, authorize SEEAP and their healthcare providers to provide medical care to my child that is necessary and appropriate when the following individual(s) bring my child for care.

List of Caregivers Authorized to give consent for treatment on my behalf:

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date