

ACCOMPANYING PERSON

Child:

Full name: _____

Date of birth: _____ Address: _____

Legal guardian:

Full name: _____

E-mail: _____ Phone number _____

☐

I consent to the child, for whom I am the legal guardian, undergoing examination, treatment, or any other medical procedure at the clinic without accompaniment.

☐

I consent to the child, for whom I am the legal guardian, being accompanied to the examination, treatment, or other medical procedure at the clinic by the following person (s):

Full name: _____ Date of birth: _____

Phone number: _____ Relationship to the child: _____

Additional notes: _____

This consent is valid ☐ long-term (for all examinations until revoked)

☐ one-time, for the examination on _____

☐

I consent to the child, for whom I am the legal guardian, being accompanied to the examination, treatment, or other medical procedure at the clinic by the following person s():

Full name: _____ Date of birth: _____

Phone number: _____ Relationship to the child: _____

Additional notes: _____

This consent is valid ☐ long-term (for all examinations until revoked)

☐ one-time, for the examination on _____

Date: _____ Signature of legal guardian: _____