

12911 120<sup>th</sup> Ave NE, Ste E50  
Kirkland, WA 98034  
Phone: 425.820.7700 • Fax: 425.820.7707



The undersigned hereby authorizes \_\_\_\_\_  
(full name and relationship to patient, e.g. nanny, aunt, etc.)

to obtain medical care, including medical treatment, x-ray or other imaging, laboratory procedures and medications or supplements, and to accept responsibility for any payment due at the time of service, including but not limited to co-payments, administrative fees or supplements payment for the following individuals:

- Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This consent is for the period from \_\_\_\_\_ to \_\_\_\_\_.  
*If permission is given "indefinitely," it is your responsibility to let us know  
if this permission has been revoked.*

I have read this form and certify that I understand its content.

Signature of parent or guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_