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Parent Delegation Form Authorizing the Medical Care of a Minor

Parent: Please make arrangements to ensure that all co-payments and non-covered services are paid at the time of service.

I, _____, am the
(Print Name)

- Natural or adoptive parent of
- Guardian of
- Person who, under court order, is authorized to give consent for

The minor, _____
(Print name of minor)

I, hereby, delegate _____
(Print name of person to whom authority is delegated)

To give consent of medical care to the above named minor. The relationship of this person to the minor is:

- Grandparent
- Adult brother or sister
- Adult aunt or uncle
- Step-parent
- Another adult who has care and control of the above named minor

Signature of parent or legal guardian

Signature of delegated guardian

Date

Date

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2023 Pulaski Hwy.
Havre de Grace, MD 21078
410-939-6477
Fax 410-939-6555

Ambulatory Care Center
520 Upper Chesapeake Dr., Ste. 401
Bel Air, MD 21014
443-643-4500
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Kent Plaza
711 Washington Ave., Unit 3
Chestertown, MD 21620
410-778-1150
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360 East Pulaski Hwy., Ste. 1A
Elkton, MD 21921
410-620-3600
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