

Midcoast Pediatrics
121 Medical Center Drive, Ste 2600
Brunswick, ME 04011
207-721-8333

**LEGAL GUARDIAN CONTACT INFORMATION
FOR INFORMED CONSENT**

I, _____, give my permission for
Name of **Legal Guardian**

_____ to bring my child/children
Name of **person escorting child/children**

Name(s) and birthdate(s) of child/children

to their medical appointment at Midcoast Pediatrics on:

DATE: _____ **TIME:** _____

Relationship of the adult escorting the child/children: _____

I understand that I need to be available by phone to discuss and consent to my
child/children's medical treatment or treatment may be postponed until my consent
can be obtained. I can be reached at _____.

Signature of **Legal Guardian** for above named child/children

(Date/Time)