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Parent Delegation Form

If child is brought by someone other than parent or guardian.

I, _____, am the
(please print name)

- Natural or Adoptive Parent of
- Guardian of
- Person who, under court order, is authorized to give consent

for the minor, _____
(please print name on minor)

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

to give consent for treatment and immunization of the above named minor. The relationship of this person to the minor is:

- Grandparent
- Adult Brother or Sister
- Adult Aunt or Uncle
- Stepparent
- Another adult who has care and control of the above named minor

Signature of Parent or Guardian Date

Signature of Witness Date