



at UC Health Harmony Campus
2121 E. Harmony Rd., Suite 350A
Fort Collins, CO 80528
Phone # (970) 214-8175
Fax # (970) 788-7376

FRIENDS AND FAMILY CONSENT

Sometimes parents and guardians can't be everywhere at once (its crazy, we know). If you plan to have someone that is not a parent or guardian bring your child to a future appointment (or be able to call us and discuss the patient), please fill out and sign this form

Name (First / Middle Initial / Last):

Relationship to the Patient:

Name (First / Middle Initial / Last):

Relationship to the Patient:

Name (First / Middle Initial / Last):

Relationship to the Patient:

I give my consent for the listed persons above to stand in as a parent or guardian for the patient. If I choose to withdraw this consent, I will call the office and cancel it:

Patient or Person with Authority to Consent

Date