

## Legacy Pediatrics

### Consent to Communicate Form

Please list below anyone who is authorized (other than mom, dad or legal guardian) to schedule appointments, receive and provide disclosure of medical information, and make medical decisions for \_\_\_\_\_ (child's name). Remember step-parents, grandparents and nanny's do not have the right to schedule appointments, receive or provide medical information or make medical decisions unless listed on this form.

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Name	Relationship	Phone#
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Name	Relationship	Phone#
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Name	Relationship	Phone#
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Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_