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Change to Non-Parental Authorization for Consent to Medical/Surgical Care and Treatment

I, _____, parent/legal guardian of the child(ren) listed below do hereby **remove** my authorization and consent for the named authorized person(s) to consent to the medical/surgical care and treatment of my child(ren) as listed in the section so marked.

I do hereby give my authorization and consent for the named authorized person(s) to consent to the medical/surgical care and treatment of my child(ren) in the section so marked. I hereby authorize and grant that the named person(s) has/have permission from the natural parents/guardian to sign for any medical/surgical procedures or treatments deemed necessary for the well-being of my child(ren).

I am, by this document, representing that I have the authority to consent for all medical/surgical care and treatment of said child(ren):

Child(ren):

Name	Age	Name	Age
Name	Age	Name	Age

Person(s) who are *NO LONGER* authorized to consent for medical care/procedures for the child(ren) listed above:

Name	Relationship to Child(ren)	Name	Relationship to Child(ren)
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Person(s) who are authorized to consent for medical care/procedures for the child(ren) listed above:

Name	Relationship to Child(ren)	Name	Relationship to Child(ren)
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Signature of Parent/Guardian	Relationship to the child(ren)	Date
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 Printed Name