

## ONE-TIME AUTHORIZATION FOR THE PRESENCE OF A FACTUAL CAREGIVER DURING A MINOR'S EXAMINATION

Consent of the legal guardian of a minor patient for the participation of a factual caregiver in examinations or other medical services, and for the provision of information about the minor's health status to them.

I, \_\_\_\_\_  
(Name and surname of the legal guardian/legal representative)

the undersigned, holding: \_\_\_\_\_ series: \_\_\_\_\_ no.: \_\_\_\_\_,  
(Type of identification document)

with PESEL number: \_\_\_\_\_,

residing at: \_\_\_\_\_,

contact telephone number: \_\_\_\_\_,

declare that I am the legal guardian – parent/legal representative of:

\_\_\_\_\_  
(Name and surname of the minor patient)

date of birth: \_\_\_\_\_, PESEL number: \_\_\_\_\_,

I hereby consent to undergoing the following service on the specified date:

\_\_\_\_\_

For my child in the presence of the FACTUAL CAREGIVER:

\_\_\_\_\_  
(Name and surname of the factual caregiver)

with PESEL number: \_\_\_\_\_,

holding: \_\_\_\_\_ series: \_\_\_\_\_ no.: \_\_\_\_\_,  
(Type of identification document)

residing at: \_\_\_\_\_,

contact telephone number: \_\_\_\_\_,

and I also consent to:

- medical intervention in the event of an adverse reaction to the administered therapy (e.g., allergic reaction)
- the aforementioned factual caregiver obtaining information about the health status of the aforementioned minor
- the aforementioned factual caregiver receiving the results of the aforementioned minor's tests
- the aforementioned factual caregiver receiving other medical documentation (including prescriptions, medical opinions, referrals for additional tests) concerning/intended for the aforementioned minor.

\_\_\_\_\_  
(Place, date)

\_\_\_\_\_  
(Signature of the person making the declaration)



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