



National Center of Medical Home  
Initiatives for Children with Special Needs  
Oregon Medical Home Project

# People Who Can Consent to Care for My Child

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Evening

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Evening

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Evening

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Evening

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Evening

\* \* \* \* \*

Signature of Parent

Date

\_\_\_\_\_