



Guardian / Parent / Other Adult Chart Add-On Form

(This form is used when any step-parent, grandparent, or other adult needs to be added to a patients chart, by request from a legal parent or guardian)

Child's name: _____ SS# _____ D.O.B. _____

Other Adult Responsible for Child: _____ Relationship to Child: _____

Other Adult SS# _____ D.O.B. _____ Phone# _____ Cell# _____

Address: _____ State: _____ Zip Code: _____

Employed by _____

Business Address _____

Occupation _____ Business Phone _____

If you are a Step-Parent, is child legally adopted by you? Yes No

Signature of Adult being added to chart: _____ Date _____

Parent / Guardian Signature: _____ Date _____

Lakeside Pediatrics rep signature _____ Date _____