



CONSENT BY PROXY FOR PEDIATRIC CARE FORM

I hereby give **Consent by Proxy** to:

(1) _____
(Name, phone#)

child's _____ and as my proxy decision maker for consenting
(Relationship to child)

(2) _____ as my
(Name, phone#)

child's _____ and as my proxy decision maker for consenting
(Relationship to child)

to care for my child listed below. I have the legal right to delegate such consent to the proxy decision maker, who is an adult and legally and medically competent to exercise the authority so delegated. Be advised that protected patient health information may be shared with the proxy to whom the right to consent has been delegated to facilitate informed decision making.

Childs name: _____ DOB: _____

Childs name: _____ DOB: _____

Childs name: _____ DOB: _____

Childs name: _____ DOB: _____

PARENT CONTACT INFORMATION

If the nature of the medical care is not routine, please try to contact me regarding the health care of my child at the following telephone numbers. If you are unable for any reason to contact me, you may rely on this proxy decision maker for consent.

Parent Name _____

Home Phone _____ Day/Cell Phone _____

Signature _____ Date _____