

Alternate Caregiver Consent Form (Consent by Proxy)

All About Kids Pediatrics

I authorize the following individual(s) to bring my child to his or her appointments. This **does not** allow for vaccine consent :

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

I attest that the above named individual(s) are all 18 years of age or older as of this date:

I authorize the above named individual(s) to consent to treatment for the below named child. This may include, but is not limited to: consent for necessary medications, physical examination, treatment plan(s) and hospitalization. All About Kids Pediatrics may relay any medical information about my child necessary for the above named individual(s) to provide informed consent for treatment.

I understand that a well child visit, vaccinations and sports physicals will require a parent or legal guardian present.

I understand that the doctor will communicate his or her findings and treatment plan to the caregiver who brings the child, and that under most circumstances a follow-up call to me personally should not be necessary. I agree to be responsible for any fees for services requested by the above-named individual(s) when permitted by my insurance carrier(s).

I agree to hold All About Kids Pediatrics and its staff harmless for any disagreement between the above-named individual(s) and me regarding treatment decisions.

I attest that I am the parent or legal guardian of the following child and that I have the legal authority to make this agreement. I understand that I can revoke this authorization for any or all of these individual(s) at any time.

Child covered by this consent is listed above in the right hand corner.

Parent/Guardian's name: _____

Relationship to child: _____

Signature: _____ Date: _____