

CONSENT BY PROXY FOR NONURGENT PEDIATRIC CARE FORM

For families who are ongoing patients of _____
(pediatrician or health care facility)

I (we) appoint _____, who is my (our)
(Name) (address)
child(ren)'s _____ as my (our) proxy decision maker for
(specify nature of proxy's relationship to children)

consenting to nonurgent medical care for my (our) children listed below. I (we) 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 facilitate informed decision making.

Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

LIMITATIONS

Identify any limitations on the kinds of medical services for which this consent by proxy is given. If none, state "none."

Identify any limitations on the time frame for which this consent by proxy is given. If none, state "none."

CONTACT INFORMATION

If the nature of the medical care is not routine, please try to contact me (us) regarding the health care of my (our) children at the following telephone number(s). If you are unable for any reason to contact me (us), you may rely on the proxy decision maker for consent.

Parent's Name: _____ Parent's Name: _____
Daytime Phone: _____ Daytime Phone: _____
Evening Phone: _____ Evening Phone: _____
Cell Phone: _____ Cell Phone: _____

IN WITNESS WHEREOF, the undersigned have executed this instrument as of the ____ day of _____, 2____.

Parent or Legal Guardian

Parent or Legal Guardian

Proxy Decision Maker

Driver's License Number of
Proxy Decision Maker

[If required by applicable law
NOTARIZATION

I, the undersigned, a Notary Public, do hereby certify that the persons whose names are subscribed to the foregoing instrument appeared before me this day in person and acknowledged that they signed and delivered the foregoing instrument as their free and voluntary act for the purposes set forth therein.

Given under my hand and seal this ____ day of _____, 2____.]

This form, which should not be considered a legal document without advice from a lawyer, may be used as a template for documenting preauthorization or consent by proxy for nonurgent pediatric care.

Fig 2. Example consent by proxy for nonurgent pediatric care form.