

**Consent by Proxy for Non-Urgent Pediatric Care**

**Purpose:** This form may be used to allow an adult other than a parent to serve as a proxy decision maker for the routine medical care and services.

I (We) appoint the following individuals:

1. \_\_\_\_\_  
Name Phone Relationship to Patient  
\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone Relationship to Patient  
\_\_\_\_\_  
Address

As my (our) proxy decision-maker for consenting to non-urgent 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. I (we) have been advised that protected patients health information may be shared with the proxy to facilitate informed decision making.

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Limitations**

Identify any limitations on the types of medical services for which the 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) child(ren) at the following telephone numbers(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: \_\_\_\_\_

This consent will remain in effect for one (1) year from the date of the signature unless otherwise stated below.

This consent is to remain in effect until \_\_\_\_\_, 20\_\_\_\_

IN WITNESS WHEREOF, the undersigned have executed this instrument as of \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Parent or Guardian Signature Date Parent or Guardian Signature Date

\_\_\_\_\_  
Witness Signature Date