Consent By Proxy for Non-Urgent Pediatric Care

CHRIST COMMUNITY Pediatrics

Patient Name Last	First	Middle Initial	Date of Birth

I appoint the following as proxy decision maker(s) to give permission for non-urgent medical care for my child. I have the legal right to give such consent to the proxy decision maker(s), who is an adult and legally and medically competent to exercise the authority so given. Protected health information (PHI) may be shared with the proxy for informed decision making. In an emergency, treatment will not be delayed because of lack of authorization.

PROXY Decision Maker 1

Name	Date of Birth	Phone Number(s)	Relationship to Patient

CHECK THE BOX below if you want this person to:

☐ **PICK UP PRESCRIPTIONS** for your child

CHECK THE BOXES below if you want this person to **BRING YOUR CHILD** to appointments, **CALL** the office and talk about your child's health, and/or **MAKE DECISIONS** about exams and treatment for:

☐ **MEDICAL** appointments ☐ **DENTAL** appointments ☐ **BEHAVIORAL HEALTH** services

If there is anything this person **DOES NOT** have your **PERMISSION** for, write it here.

PROXY Decision Maker 2

Name	Date of Birth	Phone Number(s)	Relationship to Patient

CHECK THE BOX below if you want this person to:

☐ **PICK UP PRESCRIPTIONS** for your child

CHECK THE BOXES below if you want this person to **BRING YOUR CHILD** to appointments, **CALL** the office and talk about your child's health, and/or **MAKE DECISIONS** about exams and treatment for:

☐ **MEDICAL** appointments ☐ **DENTAL** appointments ☐ **BEHAVIORAL HEALTH** services

If there is anything this person **DOES NOT** have your **PERMISSION** for, write it here.

If the nature of the medical care is not routine, please try to contact me regarding the care of my child at the phone number(s) listed on the patient's Protection of Health Information form. If you are unable to contact me, you may rely on the proxy decision maker to give permission for care.

_____ _____

SIGNATURE of Parent(s)/Legal Guardian(s) PRINTED NAME of Parent(s)/Legal Guardian(s)

Certificate of Acknowledgement of Notary Public

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

Given under my hand and seal this _____ day of _____, 20_____.

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