



Consent Form for Non-Parent Caregiver

Patient Name: _____ Date of Birth: _____

Non-Parent Caregiver Information

(This is any adult authorized to bring your child to an appointment without a parent or guardian present).

Full Name of Caregiver: _____ Relationship to Patient: _____
Phone Number: _____

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Phone Number: _____

I, the undersigned, am the parent/legal guardian of _____, and I hereby authorize the above individual (s), other than the biological parent/legal guardian, listed, to:

1. **Consent to Medical Care & Treatment:**

Consent to any medical care and treatment needed for my child, provided by any healthcare provider employed with Lincoln Pediatric Group including physicians, nurses, and staff.

2. **Release of Medical Advice:**

Receive advice related to my child's current illness or treatment by telephone, when pertinent to the present condition, from any healthcare provider employed with Lincoln Pediatric Group.

3. **Release of Protected Health Information (PHI):**

Receive protected health information (PHI), such as test results or prescription information, exclusive of that which is further protected by law. This may include, but is not limited to, test results, prescriptions, and follow-up care information. This information may be provided by any healthcare provider employed with Lincoln Pediatric Group.

By signing this form, I acknowledge and give permission for the non-parent caregiver(s) listed above to:

- Discuss my child's health concerns or medical history with the healthcare provider.
- Make decisions about my child's care, but only within the scope of each appointment or treatment provided, as discussed during the visit.
- Receive and consent to medical treatment when I, the parent/legal guardian, am unavailable.
- Sign any documents that may be required during appointments, understanding that I remain the legal decision-maker for my child.
- This consent is valid for 1 year, unless revoked in writing prior to this date.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____ Date: _____