



Alternate Caregiver Consent Form (2023)

The caregiver(s) named below are my alternate caregivers and are authorized to seek medical care for my child at Firefly Pediatrics. This includes attending medical appointments with my child and making medical decisions in my absence. I understand that this may consist of, but is not limited to, consent for necessary medications, procedures, and hospitalization. The caregivers named below are adults (18 or older) and are legally and medically competent to exercise this authority.

As of May 2023, Tennessee Code § 63-1 prohibits me from delegating authority for providing consent for vaccinations to anyone but a child's parent or legal guardian.

I understand that the health care provider 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 financially responsible for any fees for services requested by the below-named individuals when permitted by my insurance carrier(s).

I agree to hold Firefly Pediatrics and its staff harmless for any disagreements between the below-named individuals and me regarding treatment decisions.

Caregiver Full Name	Relationship to Child(ren)	Contact Information

Important Note: Caregivers must bring proper photo identification to the office.

Patient Full Name	Date of Birth	Patient Full Name	Date of Birth

I attest that I am the parent or legal guardian of the above children 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 individuals at any time.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian