

CONSENT BY PROXY FOR NON-URGENT PEDIATRIC CARE

I the legal custodian of the child(ren) identified below, do hereby delegate to:

| | |
|--|----------------------------------|
| _____ Name of Person to Whom Authority Is Given | _____ Relationship to Patient |
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the authority to consent and make decisions regarding health and to consent for medical or dental treatment at Charles Henderson Child Health Center. **Designee must be 18 years of age or older.** I understand that protected patient health information may be shared with the proxy to help with decision making.

| Child(ren)'s Name | Date of Birth |
|--------------------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

LIMITATIONS

Identify any limitations on the kinds of medical or dental services for which this authorization is given. If none, state none.

Identify any limitations on the time frame for which this authorization is given. If none, state none.

Other parent or legal guardian with rights to bring this child for medical care.

| | |
|---|----------------------------------|
| _____ Print name | _____ Relationship to Patient |
| _____ Parent or legal guardian completing this form (Please Print) | _____ Relationship to Patient |
| X _____ Your Signature | _____ Date |
| Witness: _____ Signature | _____ Date |
| Witness: _____ Printed Name | _____ Date |

PLEASE READ THIS INFORMATION REGARDING CONSENT BY PROXY

Information regarding a child's health, nutrition, development, etc. is needed for us to provide the best care for the child. We also give a lot of information for the child's treatment and continued care. Because the primary care giver is the best source for the information, ideally they should accompany children to checkups.

However, we understand there may be times that you are unable to bring your children to their visits here at the Charles Henderson Child Health Center.

As the parent or legal guardian you may choose someone else to bring your children by completing this form.

This consent is only for services rendered at the Charles Henderson Child Health Center.