ALTERNATE CAREGIVER CONSENT FORM

_____

_____

(Facility Name and Address)

Except for life threatening emergencies, we are **not able to treat your minor child** unless he or she is accompanied to our office by a parent, legal guardian or designated adult. In order to designate an adult to bring your child into our office for medical care in your absence, you must have the following form completed, signed, and on file for each designated adult for each of your children. Minor children reporting for an appointment without a parent, legal guardian, an adult named in a signed designee form or a signed note from a parent may need to be rescheduled.

I authorize the following individual(s) to bring in my children to their appointments:

Name: _____ Relationship to my child: _____

Name: _____ Relationship to my child: _____

Name: _____ Relationship to my child: _____

I attest that the above named individual(s) are all 18 years of age or older as of this date. I authorize the above named individual(s) to consent to treatment for my children. This may include, but is not limited to, consent for necessary medications, vaccinations, procedures and hospitalization. This practice may relay any medical information about my child necessary for the above named individual(s) to provide informed consent to the treatment.

I understand that the doctor will communicate his or her findings and treatment plan to the caregiver who brings in the child, and that under most circumstances, a follow up call to me personally should not be necessary.

I agree to hold _____ and its staff harmless for any disagreement between the above named individual(s) and myself regarding treatment decisions.

I attest that I am the parent or legal guardian of the following children (see page 2) 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.

_____ Date: _____

Signature of Parent/Legal Guardian

_____ (_____) _____

Name of Parent/Legal Guardian (print) Phone contact for Parent/Legal Guardian

Child 1
Full Name:
Birth date and age:
Height and weight:
Allergies, symptoms and treatment response:
Medications/Dosage A. B. C.

Child 2
Full Name:
Birth date and age:
Height and weight:
Allergies, symptoms and treatment response:
Medications/Dosage A. B. C.

Copies of this page may be made to add additional children.