



Consent by Proxy for Pediatric Care

For families who are ongoing patients of Drs. Ronald Clarke MD, Jo Ann Nielsen MD, James Resk MD, Troy Stoeber MD, Kristine Uyesugi MD, Magdalenne Corso MD, Timofey Galuza PsyD

We encourage you to accompany your child to appointments whenever possible, but recognize that you may not always be available when your child is in need of medical attention. This form allows you to delegate others to act on your behalf.

I hereby appoint,

First Name	Last Name	Phone	Relationship

as proxy decision maker(s) for consenting to non-urgent medical care for my child(ren) listed below. I have the legal right to delegate such consent to the proxy decision maker(s), who is(are) an adult and legally and medically competent to exercise the authority so delegated. ****Be advised that protected patient health information may be shared with the proxy to facilitate informed decision making.****

Patient Name: _____	DOB: _____
Patient Name: _____	DOB: _____
Patient Name: _____	DOB: _____
Patient Name: _____	DOB: _____

LIMITATIONS

- Specify the appointment type this authorization is approved for:
 - Acute care/Sick visits** - Including but not limited to: Throat swabs, wart treatment, cleaning of minor burns, or suturing of minor lacerations.
 - Well Child Care/Physicals** - Including but not limited to Immunizations
- Specify the time frame for which this authorization is given. (If no time frame given this form will expire in one year of signature and date):
 - NONE (never expires) 1 YEAR OTHER DATE: _____

PARENTAL CONTACT INFORMATION: If the nature of the medical care is not routine, please try to contact me (or secondary Parent or Legal Guardian) at the following telephone number(s).

1. _____	_____	_____	_____
Parent or Legal Guardian's Printed Name	Relationship to Patient	Primary Phone Number	Secondary Phone Number
2. _____	_____	_____	_____
Parent or Legal Guardian's Printed Name	Relationship to Patient	Primary Phone Number	Secondary Phone Number

_____	_____
Parent or Legal Guardian's Signature	Date