

# Fort Myers Pediatrics

5285 Summerlin Rd Suite 101

1 Fort Myers Florida 33919

## Consent by Proxy

Tel: 239-689-5561 | Fax: 239-689-5958

The consent by proxy form allows someone other than a parent the right to make medical decisions as if they were the parent. This form may be used to have a caregiver or grandparent bring your child to any visit, including a well child exam with vaccines and allergy shots. This form should be completed for Step-parents.

### CONSENT BY PROXY FOR NON-URGENT PEDIATRIC CARE FORM

give Consent by Proxy to:

1) \_\_\_\_\_ as my \_\_\_\_\_

Name, phone#

Childs \_\_\_\_\_ as my proxy decision maker for consenting

(Relationship to child)

2) \_\_\_\_\_ as my \_\_\_\_\_

Name, phone#

Childs \_\_\_\_\_ as my proxy decision maker for consenting

(Relationship to child)

3) \_\_\_\_\_ as my \_\_\_\_\_

Name, phone#

Childs \_\_\_\_\_ as my proxy decision maker for consenting

(Relationship to child)

I, \_\_\_\_\_, parent of \_\_\_\_\_, do hereby give my consent for non-urgent medical care for my child listed below. I have the legal right to delegate such consent to the proxy decision maker, who is 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 whom the right to consent has been delegated to facilitate informed decision making.

Name \_\_\_\_\_ DOB \_\_\_\_\_

### LIMITATIONS

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

Time frame for which this authorization is given. If none, state none. Dates: \_\_\_\_\_ TO \_\_\_\_\_

### PARENT CONTACT INFORMATION

If the nature of the medical care is not routine, please try to contact me regarding the health care of my child at the following telephone numbers. If you are unable for any reason to contact me, you may rely on this proxy decision maker for consent.

Parent Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_