



Lovenheim Pediatrics

Infants - Children - Adolescents

CONSENT BY PROXY FOR NONURGENT PEDIATRIC CARE FORM

For families who are ongoing patients of Lovenheim Pediatrics

I (we) appoint _____, who is my (our) Child(ren)'s _____
(specify nature of proxy's relationship to children)

as my (our) proxy decision maker for consenting to nonurgent medical care for my(our) children listed below. I (we) have 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 facilitate informed decision making.

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

LIMITATIONS

Identify any limitations on the kinds of medical services for which this consent by proxy is given. If none, state "none".

Identify any limitations on the time frame for which this consent by proxy is given. If none, state "none".

CONTACT INFORMATION

If the nature of the medical care is not routine, please try to contact me (us) regarding the health care of my (our) children at the following telephone number (s). If you are unable for any reason to contact me (us), you may rely on the proxy decision maker for consent.

IN WITNESS WHEREOF, the undersigned have executed this instrument as of the ____ day of _____, 20____.

Parent or Legal Guardian

Parent or Legal Guardian

Proxy Decision Maker

Driver's License Number of Proxy Decision Maker