

## Alternate Caregiver Consent Form

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 a 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(s) completed, signed and on file for each of your children.

The designated adult must be a first order relative (parent, stepparent, sibling, step sibling, grandparent, aunts or uncles)

If a nanny, private sitter, or friend brings your child in we must be able to reach you to discuss treatment.

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. Valencia Pediatrics may relay any medical information about my child necessary for the above named individual(s) to provide In-formed 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 Valencia Pediatrics 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 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.

**Child covered by this consent:**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last Name First Name mm dd yyyy*

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Signature of Parent/ Legal Guardian*

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Name of Parent / Legal Guardian (print) and Relationship Phone contact for Parent/Legal Guardian*