

# CONSENT BY PROXY

Completing this form offers a *Consent by Proxy* authorization, which allows Cumberland Pediatrics' providers to treat established minor patients (any patient under the age of 18) in the absence of their parent or guardian if the designated adult accompanies the minor patient with this completed form in hand or on file. This form must be completed by the parent/legal guardian prior to the services being performed, and Proxy must provide photo identification at the time of service. One form must be completed for EACH minor patient.

I/we as the parent/legal guardian(s) of minor patient \_\_\_\_\_  
Minor Patient Name and Date of Birth

hereby appoint \_\_\_\_\_  
Proxy Name and Address Relationship to Child

\_\_\_\_\_  
Proxy Name and Address Relationship to Child

as my/our child's proxy/decision maker(s) to consent to non-urgent medical care for my (our) children listed below. I (we) have the legal right to delegate such consent to the proxy/decision maker. I certify that this designee is an adult who is legally and medically competent to exercise the authority so delegated. I understand that protected health information may be shared with the proxy to facilitate informed decision making and hereby agree to the sharing of same.

### Limitations:

Identify any limitations on the kinds of medical services for which this consent by proxy is given (i.e., no minor surgery procedures). If no limitations, choose "none."

- None
- Limitations (describe): \_\_\_\_\_

Identify any limitations on the time frame for which this consent by proxy is given (i.e., limit to certain dates when a parent is out of town or expire in one year, etc.). If no expiry or limits, choose "none."

- None
- Expiration Date: \_\_\_\_\_
- Limitations (describe): \_\_\_\_\_

### Parent Contact Information:

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

Parent Name:	Parents Name:
Daytime Phone:	Daytime phone:
Evening Phone:	Evening phone:
Cell Phone:	Cell phone:

### Signed:

Parent/Legal Guardian: \_\_\_\_\_  
Signature Printed Name Date

Driver's license # of Parent: \_\_\_\_\_

Proxy: \_\_\_\_\_  
Signature Printed Name Date

Driver's license # of Proxy \_\_\_\_\_