

Alternate Caregiver Consent Form

Poplar Bluff Pediatrics

I authorize the following individual(s) to bring my children to their appointments:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

I attest that the above named individuals are all 18 years of age or older as of this date.

I authorize the above named individual (s) to consent to treatment for the below named child/ children. This may include, but is not limited to, consent for necessary medications, vaccinations, procedures, and hospitalization. Poplar Bluff Pediatrics may relay any medical information about my child necessary for the above named individual (s) to provide informed consent for treatment.

I understand that the doctor will communicate his or her findings and treatment plan to the caregiver who brings the child, and that under most circumstances a follow-up call from me personally should not be necessary. I agree to be responsible for any fees for services requested by the above named individual(s) when permitted by my insurance carrier(s).

I agree to hold Poplar Bluff Pediatrics and its staff harmless for any disagreement between the above named individual(s) and me 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.

Children covered by this consent (list full names):

Parent/guardian's name: _____

Relationship to child/children: _____

Signature: _____ Date: _____