



3721 Lynn Road, Suite 104 Raleigh, NC 27613

Office: 919 825-3600 Fax: 984 200-6001

Consent by proxy for non-urgent pediatric care

I appoint, _____, who is
(name) (address)
my child(ren)'s _____ as my healthcare proxy
(proxy's relationship to the children)

decision-maker for consenting to non-urgent medical care for my children 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 facilitate informed decision making. All children entrusted to this proxy are listed below:

Name: _____	Date of Birth: ___/___/_____
Name: _____	Date of Birth: ___/___/_____
Name: _____	Date of Birth: ___/___/_____
Name: _____	Date of Birth: ___/___/_____

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 regarding the health care of my children at the following telephone number(s). If you are unable for any reason to contact me, you may rely on the proxy decision maker for consent.

Parent's name: _____	Parent's name: _____
Daytime phone: _____	Daytime phone: _____
Evening phone: _____	Evening phone: _____
Cell phone: _____	Cell phone: _____

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