Desert Shores PEDIATRICS

Alternate Caregiver Consent Form

I authorize the following individual(s) to bring my child(ren) 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 my child(ren). This may include but is not limited to consent for all necessary medications, immunizations, procedures, and hospitalizations. Desert Shores may relay any medical information, including protected health information (PHI) about my child that is necessary for the above names individual(s) to provide informed consent.

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

I agree to hold Desert Shores Pediatrics and its staff harmless for any disagreement between the above-named individuals and myself regarding treatment decisions.

I attest that I am the parent or legal guardian of the following child(ren) and that I have the legal authority to consent to this agreement. I understand that I can revoke this authorization for any or all individuals at any time. I understand that authorization cannot be revoked retroactively for treatment already provided. This alternate caregiver consent will remain in effect and will **not expire** until authorization has been revoked.

Children covered by this consent (please list child's full name):

Child:_____ Date of Birth: _____

Child:_____ Date of Birth: _____

Child:_____ Date of Birth: _____

Child:_____ Date of Birth: _____

Child:_____ Date of Birth: _____

Child:_____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

Future Acknowledgement (initial and date): _____ _____ _____ _____

_____ _____ _____ _____