Consent to Treat

(For NON-PARENT caregivers of minor children when a parent is not present)

TO AVOID DELAYS IN TREATMENT
Please return this completed form by mail to the address above,
or by fax to 316-283-7118,
BEFORE the child's appointment

_____ _____
Child's name Date of Birth

When I/we, the undersigned parent(s) or legal guardian(s) of the child listed above, are not present,

I/we authorize: _____ who is _____ to the child
Name of adult who is the **NON-PARENT** caregiver whom you are authorizing to give consent to treat (grandparent, aunt, babysitter, etc.)

and a caregiver of this child, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, immunizations, injections or treatment; and/or hospital care to be provided to said child, when such services are recommended and supervised by Cottonwood Pediatrics. I/We authorize Cottonwood Pediatrics to call in, at their discretion, any necessary consultants.

I understand that, despite this consent, Cottonwood Pediatrics, in its sole discretion, **may decide not to act on this consent**, and instead require my presence during my child's treatment or care.

I also understand that **I am financially responsible for any co-pays and charges** not covered by my insurance which are incurred as a result of this consent for treatment and care.

Unless it is revoked sooner in writing, this consent remains in effect until my child is

☐ 18 years old ☐ until the _____ of _____, 20 ___.

_____ _____
Father's signature AND/*OR* Mother's signature

_____ _____
Date *OR* Legal Guardian's signature

Parent / guardian's home address: _____ Phone: _____

Parent / guardian's employment: _____ Phone: _____

Other phone number(s) at which parent or guardian can be reached: _____

Child's known allergies: _____

Other significant health problems: _____

Date of child's most recent tetanus shot: _____

Medications currently being given to child: _____

I agree to see to, and may consent to, the above-named child's medical care, as provided on this form.

_____ _____ _____
NON-PARENT caregiver's signature Date **NON-PARENT** caregiver's address and phone