



**Mesa Pediatrics
Professional Association**

CONSENT BY PROXY FOR NONURGENT PEDIATRIC CARE FORM

For families who are ongoing patients of **Mesa Pediatrics Professional Association**.

I (we) appoint, _____, who is my (our) child(ren)'s
(Name)

_____ as my (our) proxy decision
(specify nature of proxy's relationship to children)

maker for consenting 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, 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 consent making.

Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

LIMITATIONS

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

Parents Name: _____	Parents Name: _____
Daytime Phone: _____	Daytime Phone: _____
Evening Phone: _____	Evening Phone: _____
Cell Phone: _____	Cell Phone: _____

Parent or Legal Guardian Signature

Parent or Legal Guardian Signature

Date

Date