



AUTHORIZATION BY PROXY FOR PEDIATRIC CARE

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PATIENT FULL NAME	DATE OF BIRTH	FEMALE	MALE
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby state that I am the parent/guardian of the above named child(ren) and I am legally responsible for making any and all decisions regarding their medical care. The caregiver(s) named below are my proxy decision makers and are authorized to bring my child(ren) to Bright Future Pediatrics, LLC for medical appointments/treatment and make medical decisions in my absence. Those named below are adults and are legally and medically competent to exercise this authority as delegated and detailed below.

I further authorize Bright Future Pediatrics, LLC to triage or discuss with those designated below, either in person or by phone, my child's symptoms and/or medical condition in order to assist and advise the caregiver concerning the immediate treatment options for my symptomatic child. This includes releasing relevant protected health information.

Caregiver Full Name	Relationship to Child(ren)	Exceptions to Decision Making (i.e. injections/immunizations, diagnostic testing)

If the nature of the medical care is not routine, please attempt to contact me at the following phone number:

If for any reason you are unable to contact me, you may rely on the caregiver for consent.

I further authorize the above name caregiver(s) to obtain any medical records/forms from the practice office on my behalf.

I further authorize the above name caregiver(s) to obtain any medical records/forms from the practice office on my behalf.

I agree to be financially responsible for all services rendered in my absence.

This authorization shall be in effect until revoked, in writing, by me.

IMPORTANT NOTE: Caregivers must bring proper photo identification to the office.

Parent or Legal Guardian Signature

Date

Print Name of Parent or Legal Guardian