

# Yuma Pediatrics LTD



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## CONSENT FOR ALTERNATE CAREGIVERS

(This is for the nanny/friend/relative who might accompany the child for an office visit)

NAME OF CHILD/CHILDREN:

DATE(S) OF BIRTH:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

In my absence, I, the undersigned parent/guardian, do hereby grant the following individuals the authority to consent to medical treatment for my minor child/children.

CAREGIVERS:

RELATIONSHIP TO CHILD:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

This grant of temporary authority shall begin on this date \_\_\_\_\_  
and expire on this date \_\_\_\_\_ or until terminated by me.

I understand the caregiver shall be required to show a photo ID, provide current insurance information, and surrender any payments due for each visit.

_____ Signature	_____ Date
_____ Print Name	_____ Relationship

This form shall be placed in the patient's medical records.

*Revised August 20, 2013*