Kids R Us
PEDIATRICS

Kids Are Our Specialty

Delegation of Consent To Treat Minor(s)

I/We as the parent(s), conservator(s), or legal guardian(s) of the minor child(ren) named above hereby appoint the individuals listed below in order of appearance to act on my/our behalf when I/we am/are reasonably unavailable to grant such consent to necessary medical treatment(s)/procedure(s) including but not limited to: routine pediatric well care including immunizations, medical evaluation and management of pediatric outpatient illnesses including both acute and chronic diseases, and minor in-office procedures. If I choose to terminate this delegation, I must contact my practice in writing.

Name of Individual	Relation to Patient (Minor Child)	Contact Information

Initial Below

_____ I/We will indemnify and hold harmless, from any expense or claim of any nature, any entity that provides or causes to be provided examination, treatment, or hospital care under this Delegation of Consent (except to the extent such entity is negligent therein). I understand that I am responsible for payment of all charges that result from care provided by Kids R Us Pediatrics, including amounts not covered by my health plan.

By signing below, I acknowledge that I have read, understand, and agree to this Delegation of Consent.

Patient Name(s) Covered by Delegation

_____

_____

_____ _____

Parent/Conservator/Legal Guardian Date

121 Golfview Dr. NE, Arab, AL 35016
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www.kidsruspediatrics.com
fb.com/kidsruspediatrics