



## 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 to consent to the above specified medical treatment(s)/procedure(s) when I/we am/are reasonably unavailable to grant such consent. If I choose to terminate this delegation, I must contact my practice.

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

### Statement of Medical Treatment(s)/Procedure(s) to be Given and Purpose of Treatment.

Additional pages may be added if necessary, to describe specified medical procedure(s); it must be signed and dated by parent/conservator/legal guardian. Initial to consent for the following treatments.

**Initial Below**

- \_\_\_\_\_ Routine pediatric well care including immunizations.
- \_\_\_\_\_ Medical evaluation and management of pediatric outpatient illnesses including both acute and chronic diseases.
- \_\_\_\_\_ Minor in-office procedures

**Initial Below**

\_\_\_\_\_ I/We understand that in the event that I/we am/are unavailable to grant consent on behalf of my minor child, the consent of the individual identified above, who I/we have granted authority to consent on behalf of my minor child too, will be considered sufficient for the specified medical treatment(s)/procedure(s) specified above.

\_\_\_\_\_ 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 consent to the use of my e-signature on this form and acknowledge that I have read, understand, and agree to this Delegation of Consent.**

\_\_\_\_\_  
Parent/Conservator/Legal Guardian

\_\_\_\_\_  
Date