Orange Family Physicians
A Division of Anchor Healthcare, PLC
13198 James Madison Hwy, Orange, VA 22960
(540) 672-3010 Fax (540) 672-5713

CONSENT BY PROXY FOR NONURGENT PEDIATRIC CARE

*permission to appoint a proxy to bring your child(ren) to office for care when parent not present

I (we) appoint _____ (Name of person to whom permission is granted (proxy decision maker)
who is our child(ren)'s _____(relationship to child) as my proxy decision make 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 health information may be shared with the proxy to facilitate informed decision making.

CHILD(REN)

Name: _____Date of Birth: _____
Name: _____Date of Birth: _____
Name: _____Date of Birth: _____

LIMITATIONS

Identify any limitations on the kinds of medical services for which this authorization is given. If none, state "NONE".
_____
_____
_____

Identify any limitations on the time frame for which this authorization is given. If none, state "NONE".
_____
_____
_____

CONTACT INFORMATION (parent's info)

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 minor child(ren) for consent.

Parent's Name: _____Parent's Name: _____
Daytime Phone: _____Daytime Phone: _____
Evening Phone: _____Evening Phone: _____
Cell Phone: _____Cell Phone: _____

IN WITNESS WHEREOF, the undersigned have executed this instrument on:
Date: _____
Signature of parent or legal guardian: _____
Printed name of parent or legal guardian: _____