## Caregiver Consent



COTTONWOOD PEDIATRICS | 700 MEDICAL CENTER DR, STE 150 | NEWTON, KS 67114 | P: 316-283-7100 | F: 316-283-7118

| <b>&gt;</b>                                                                                                       | CHILD 1: FULL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FULL NAME                                                                                                                    |                             |                     |                                |   |  |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|--------------------------------|---|--|
|                                                                                                                   | CHILD 2: FULL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                              |                             |                     | DOB DOB                        |   |  |
|                                                                                                                   | CHILD 3: FULL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                              |                             |                     |                                |   |  |
|                                                                                                                   | CHILD 4: FULL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                              |                             | DOB                 |                                |   |  |
|                                                                                                                   | When I/we, the undersigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | hen I/we, the undersigned parent(s) or legal guardian(s) of the child/children listed above, are not present, I/we authorize |                             |                     |                                |   |  |
| <b>&gt;</b>                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                             |                     |                                |   |  |
|                                                                                                                   | NAME OF NON-PARENT BRINGING TO APPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              | PHONE NUMBER                |                     | RELATIONSHIP TO CHILD/CHILDREN |   |  |
|                                                                                                                   | NAME OF NON-PARENT BRINGING TO APPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              | PHONE NUMBER                |                     | RELATIONSHIP TO CHILD/CHILDREN |   |  |
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|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                             |                     |                                |   |  |
|                                                                                                                   | NAME OF NON-PARENT BRINGING TO APPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              | PHONE NUMBER                |                     | RELATIONSHIP TO CHILD/CHILDREN |   |  |
|                                                                                                                   | to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, immunizations, injections or treatment and/or hospital care to be provided to said child/children when such services are recommended and supervised by Cottonwood Pediatrics. I/We authorized Cottonwood Pediatrics to call in, at their discretion, any necessary consultants.  I understand that, despite this consent, Cottonwood Pediatrics, in its sole discretion, may decide not to act on this consent and instead require my presence during my child/children's treatment or care. |                                                                                                                              |                             |                     |                                |   |  |
| I also understand that I am financially responsible for any co-pays and charges not covered by my insurance which |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                             |                     |                                |   |  |
| are incurred as a result of this consent for treatment and care.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                             |                     |                                |   |  |
| Unless it is revoked sooner in writing, this consent remains in effect until:                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                             |                     |                                |   |  |
| <b>&gt;</b>                                                                                                       | my child/children is/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | re 18 years old                                                                                                              | OR                          | date (MM/DD/YYYY) _ | /                              | • |  |
| COPY OF INSURANCE CARD(S) AND COPAY(S) ARE ALWAYS DUE AT CHECK-IN.                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                             |                     |                                |   |  |
| <b>-</b>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                             |                     |                                |   |  |
|                                                                                                                   | TODAY'S DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PARENT/GUARDIAI                                                                                                              | PARENT/GUARDIAN'S SIGNATURE |                     | RELATIONSHIP TO CHILD          |   |  |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                             |                     |                                |   |  |

Please fill out form BEFORE your child/children's appointment to avoid delays in treatment. Sign it and mail, fax or upload on our website cottonwoodpeds.com/upload.

RELATIONSHIP TO CHILD

PARENT/GUARDIAN'S SIGNATURE

TODAY'S DATE