CONSENT BY PROXY FOR NON-URGENT PEDIATRIC CARE FORM

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For families who are ongoing patients of Jonna L. Schmidt, M.D., P.C.

I (we) appoint ______________________________________, who is my (our) child's
(print name of person bringing child)
______________________________________ as my (our) proxy decision maker for consenting to non-
(specify nature of proxy's relationship to child)

urgent medical care for my (our) child 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 patient health information may be shared with the proxy to facilitate informed decision making. *(If you are designating your older, under 18 year old child to be their own proxy, they must be at least 15 years old)

Child's Name: ______________________________________DOB:________________________________

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

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Specify the time frame for which this authorization is given. (Time frame not to exceed one year)

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CONTACT INFORMATION
If the nature of the medical care is not routine, please try to contact me (us) regarding the health care of my (our) child at the following telephone number(s).

Parent's Name:______________________________	Parent's Name:____________________________
Daytime Phone:______________________________	Daytime Phone:____________________________
Evening Phone:______________________________	Evening Phone:____________________________
Cell Phone:_________________________________	Cell Phone:_______________________________

______________________________	______________________________
Proxy Decision Maker Signature	Date Signed by Proxy Decision Maker
______________________________	______________________________
Parent or Legal Guardian Name (print)	Parent or Legal Guardian Name (Print)
______________________________	______________________________
Parent or Legal Guardian Signature	Parent or Legal Guardian Signature
______________________________	______________________________
Date Signed By Parent	Date Signed By Parent