



HOLLAND PEDIATRIC ASSOCIATES, PLC

926 Washington Ave., Building C • Holland, MI 49423 • www.hollandpediatrics.com • P: 616.393.0166 • F: 616.393.0167

CAREGIVER CONSENT FORM FOR MEDICAL CARE TO MINORS

It is our policy that a **parent/legal guardian** must accompany a minor (under the age of 18) to all appointments. There are times, however, when a parent must delegate the care of a child to a caregiver (step-parent, grandparent, babysitter, other relative, etc.). In this case, parental authorization must be given **PRIOR** to any treatment rendered to your child. This form allows you to assign one or more caregivers to bring your child(ren) in for medical treatment.

CHILDREN

List all children (under the age of 18) that are patients at Holland Pediatric Associates, PLC:

First Name	Last Name	Birthdate	Allergies/Special Conditions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ YES!

I would like to assign one or more caregiver(s) to take the child(ren) listed above to Holland Pediatric Associates, PLC for medical treatment.

The caregiver(s) listed below have my permission to bring the child(ren) listed above to Holland Pediatric Associates, PLC in my absence, to do any acts which may be necessary or proper to provide for the health care of the minor child(ren) listed above, including, but not limited to, the power (1) to provide for such health care at Holland Pediatric Associates, PLC or other institution, or the employing of any physician, nurse or other person whose services may be needed for such health care, and (2) to consent to and authorize any health care, including immunizations and any other procedures by physicians and other medical personnel. I also authorize Holland Pediatric Associates, PLC to release any necessary information to my child's insurance company or to other physician's offices acquired in the course of examination or treatment and also authorize payment directly to Holland Pediatric Associates, PLC. I recognize and accept personal responsibility for non-covered services.

CAREGIVERS (must be 18 years of age or older)

Biological/adoptive parents or legal guardians do NOT need to be listed.

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Relationship to Patient(s): _____

Relationship to Patient(s): _____

☐ NO!

I decline to assign any caregivers to take the child(ren) listed above to Holland Pediatric Associates, PLC for medical treatment.

SIGNATURE

NOTE: Step-parents cannot sign for step-children. ONLY biological/adoptive parents and legal guardians can sign.

*** UNDER MICHIGAN LAW, THIS FORM IS VALID FOR SIX (6) MONTHS FROM THE DATE SIGNED BELOW. ***

Name (printed): _____ Relationship to Patient(s): _____
First Name Last Name

Signature: _____ Today's Date: _____

OFFICE USE ONLY

Expiration Date: _____ Staff Initials: _____

DAR VUELTA PARA ESPAÑOL
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