



## Alternate Caregiver Proxy Form

A parent or guardian must accompany all children under the age of 18, unless the child is seeking care for certain specific concerns. The parent or guardian may authorize someone other than your child's parent/guardian (such as grandparent, older sibling, other family member) bring your child in for care. Authorized proxy caregivers must be 18 years old or older. **Caregivers must bring proper photo ID to the appointment.**

**Please note that if someone else brings your child to our office, they MUST know your child's symptoms and current history, or we may not be able to properly care for your child.** Our care for your child is dependent on the history of the current illness or condition, or on behavior, development, growth, family history, and other factors in the case of well visits.

### Authorization

The persons listed below are competent adults authorized to seek medical care for my child at Covenant Care Pediatrics. This includes attending medical appointments, making medical decisions regarding testing and treatment, procedures, medications, and vaccinations.

I understand that the caregiver who brings the child will be given the findings and treatment plan and instructions, and that I am responsible for communicating with the caregiver. I understand that the caregiver will be responsible for authorizing treatments that may result in out-of-pocket expenses or are not covered by my health insurance policy, and that I am financially responsible for any and all charges incurred.

I agree to hold the providers and staff at Covenant Care Pediatrics harmless for any disagreements between myself and the caregivers listed below.

Caregiver Name	Relationship to Child(ren)	Contact Information

Child Name	Date of Birth

Child Name	Date of Birth

I am the legal guardian of the children named above and have the legal authority to authorize these alternate caregivers listed above. I understand that I may revoke this authorization in writing at any time.

\_\_\_\_\_  
Parent or Legal Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature