

Avita Health System

PERMISSION FOR CAREGIVER TO CONSENT TO HEALTHCARE SERVICES FOR MY MINOR CHILD

I, _____, am the Parent or Legal Guardian of the minor child (younger than 18 years old) named below.

Child's Name: _____ Date of Birth: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

Are your child's vaccinations up to date: Yes No (if no, what vaccines are needed?) _____

I give permission for my child's Caregiver to consent (agree) to healthcare services provided by (Physician/Provider) _____ for my child.

My child's Caregiver information is:

Caregiver's Name (please print): _____ Phone: _____

Address: _____

I have checked below those healthcare services that my child's caregiver can consent to:

- Routine medical appointments Vaccines and immunizations
- Medications given within the office setting (e.g. Tylenol, Ibuprofen, Albuterol or IV placement)
- Diagnostic testing (such as x-rays, blood testing, urine samples or a urine catheter)
- Invasive Procedures performed within the office setting
- Other healthcare services to include: _____

I agree and understand that:

- There is no court order (pending, or in effect) that prevents me from making this request.
- The person named above will serve as my child's caregiver unless I make a written request to revoke (undo or change) this permission.
- I will complete a new permission form if there are changes to my child's allergies, medical conditions, or medications.
- I will complete a new permission form if my contact information or my caregiver's contact information changes.

By signing this form, I certify that the information above is correct.

Parent or Legal Guardian's Information:

Name (Please Print): _____

Date of Birth: _____ Address: _____

Signature: _____ Today's Date: _____

This form must be updated as needed and signed on a yearly basis.