



www.cottonwoodpeds.com

Cottonwood Pediatrics
700 Medical Center Dr, Ste 150
Newton KS 67114
316-283-7100

Consent to Treat

(For NON-PARENT caregivers of minor children when a parent is not present)

TO AVOID DELAYS IN TREATMENT

Please return this completed form by mail to the address above,
or by fax to 316-283-7118,
BEFORE the child's appointment

Child's name Date of Birth

When I/we, the undersigned parent(s) or legal guardian(s) of the child listed above, are not present,

I/we authorize: who is to the child
Name of adult who is the NON-PARENT caregiver (grandparent, aunt, babysitter, etc.)
whom you are authorizing to give consent to treat

and a caregiver of this child, 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,
when such services are recommended and supervised by Cottonwood Pediatrics. I/We authorize
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'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 my child is

18 years old until the of, 20.

Father's signature AND/OR Mother's signature

Date OR Legal Guardian's signature

Parent / guardian's home address: Phone:

Parent / guardian's employment: Phone:

Other phone number(s) at which parent or guardian can be reached:

Child's known allergies:

Other significant health problems:

Date of child's most recent tetanus shot:

Medications currently being given to child:

I agree to see to, and may consent to, the above-named child's medical care, as provided on this form.

NON-PARENT caregiver's signature Date NON-PARENT caregiver's address and phone