



OPTIONAL - Caregiver Consent

COTTONWOOD PEDIATRICS
WWW.COTTONWOODPEDS.COM
700 MEDICAL CENTER DR, STE 150
NEWTON, KS | 67114
P:316-283-7100 | F:316-283-7118

CHILD 1: FULL NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
CHILD 2: FULL NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
CHILD 3: FULL NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
CHILD 4: FULL NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>

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

<input type="text"/>	<input type="text"/>
NON-PARENT BRINGING TO APPT (NAME)	RELATIONSHIP TO CHILD/CHILDREN
<input type="text"/>	<input type="text"/>
NON-PARENT BRINGING TO APPT (NAME)	RELATIONSHIP TO CHILD/CHILDREN
<input type="text"/>	<input type="text"/>
NON-PARENT BRINGING TO APPT (NAME)	RELATIONSHIP TO CHILD/CHILDREN
<input type="text"/>	<input type="text"/>
NON-PARENT BRINGING TO APPT (NAME)	RELATIONSHIP TO CHILD/CHILDREN

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/children when such services are recommended and supervised by Cottonwood Pediatrics. I/We authorized 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/children'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/children is/are 18 years old the of , 20 .

DATE

and/or
mother's signature

or
father's signature

legal guardian's signature

Please fill and sign form
BEFORE your child's
appointment to avoid delays
in treatment.

Copy of insurance card(s)
and copay are due
at the time of service.

Sign then upload at cottonwoodpeds.com/upload