



Today's Date: \_\_\_\_\_

<b>Patient Information</b>		
<b>Patient's Legal Name</b> <i>(First, Middle, Last)</i>	<b>Date of Birth</b>	<b>Pediatrician/Provider</b>
<b>Patient's Legal Name</b> <i>(First, Middle, Last)</i>	<b>Date of Birth</b>	<b>Pediatrician/Provider</b>
<b>Patient's Legal Name</b> <i>(First, Middle, Last)</i>	<b>Date of Birth</b>	<b>Pediatrician/Provider</b>
<b>Patient's Legal Name</b> <i>(First, Middle, Last)</i>	<b>Date of Birth</b>	<b>Pediatrician/Provider</b>
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<b>Patient's Legal Name</b> <i>(First, Middle, Last)</i>	<b>Date of Birth</b>	<b>Pediatrician/Provider</b>

**Authorization for Other Adult Caregivers**

By signing below, I hereby authorize, in addition to the legal guardians of the patient, the adult persons listed below may schedule and/or accompany the patient(s) listed above to their appointments, receive any and all protected health information about the patient and consent to the provision of medical care for the patient including, but not limited to: providing a history of present illness, any and all healthcare examinations, diagnostic testing, administration of immunizations, and any other medical treatment deemed reasonably medically necessary by Bloomington Pediatrics. This consent will expire upon the patient's 18<sup>th</sup> birthday, at which time a new consent must be signed by the patient.

<b>Name of Other Adult Caregiver</b>	<b>Caregiver Relation to Patient</b>	<b>Caregiver Phone Number</b>
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*Before the patient's 18<sup>th</sup> birthday, the above authorization may be revoked or updated by notifying the practice either in person or in writing and a new authorization may be submitted. In situations of parental separation or divorce, legal documentation must be provided to validate single parent authority on medical decision making, or that a parent does not have legal access to the patient record or to make such changes. No action will be taken without court documentation to support the request.*

<b>Signature of Parent/Legal Guardian</b>	<b>Date</b>
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