

TOTAL CARE PEDIATRICS SURROGATE FORM

As a pediatric practice, Total Care pediatrics recognizes that it is sometimes necessary for people other than the parent(s) or guardian(s) to bring children in for visits and/or call for phone advice.

In order to be in compliance with privacy regulations, it is necessary for us to have in writing those to whom the parent(s) or guardian(s) give permission for us to speak and give phone advice and/or allow to bring the child into the office to seek in person care for their child(ren) in the absence of the parent(s) or guardian(s).

If, at any time, someone other than those who you designate below brings your child in for treatment, we will need to have written permission from you. Feel free to list as many responsible adult surrogates as you would like.

_____	_____
_____	_____
_____	_____
_____	_____

Please ensure that the adult listed above is aware and agreed to be responsible for paying any financial obligations due at the time of the visit, in compliance with our Financial policy.

Parent/Guardian signature

Parent/guardian name printed

Date: _____