COPA
CENTRAL OREGON
PEDIATRIC ASSOCIATES

Consent/Authorization
Sick Visits

Completing this form consent by proxy authorization, allows COPA providers to treat established minor patients (any patient under the age of 18) in the absence of their parent or guardian if the designated adult accompanies the minor patient with this completed form in hand or on file. This form must be completed by the parent/legal guardian prior to the services being performed, and designated adult must provide photo identification at the time of service. This form is valid for telephone nurse advice and prescription pick up. One form must be completed for **EACH** minor patient.

I/we as the parent/legal guardian(s) of minor patient: _____ **Date of Birth**_____
Minor Patient Name

Hereby appoint:

_____ _____
Full Name and Date of Birth **Relationship to Child**

_____ _____
Full Name and Date of Birth **Relationship to Child**

As my/our child's proxy/decision maker(s) to consent to medical care for my/our children listed below. This proxy also has my (our) permission to pick up any prescriptions or documentation associated with my child's care.

I (we) have the legal right to delegate such consent to the proxy/decision maker. I certify that this designee is an adult who is legally and medically competent to exercise the authority so delegated. I understand that protected health information may be shared with the proxy to facilitate informed decision making and hereby agree to the sharing of the same.

Limitations:

Identify any limitations on the kinds of medical services for which this consent by proxy is given (i.e., no minor surgery procedures). **If no limitations, choose "none."**

- ☐ None
- ☐ Limitations (describe): _____

Identify any limitations on the time frame for which this consent by proxy is given (i.e., limit to certain dates when a parent is out of town or expire in 1 year, etc.) **If no expiry or limits, choose "none."**

- ☐ None
- ☐ Expiration Date: _____
- ☐ Limitations (describe): _____

Parent Contact Information:

Parent Name:	**Parent Name:**
DOB:	**DOB:**
Phone Number:	**Phone Number:**

Signed:

_____ _____
Parent/Legal Guardian **Date**

_____ _____
Printed Name: **Driver's License # of Parent**