

**FOR FAMILIES WHO ARE ONGOING PATIENTS OF:**

\_\_\_\_\_  
(Pediatrician or Health Care Facility)

I (we) appoint \_\_\_\_\_ (name) who lives at \_\_\_\_\_  
\_\_\_\_\_ (address), who is  
my (our) child(ren)'s \_\_\_\_\_ (specify nature of proxy's relationship to child(ren) as  
my (our) proxy decision maker for consenting to nonurgent medical care for my (our) child(ren) listed below).

I (we) have the legal right to delegate such consent to the proxy decision maker, who is an adult and legally and medically competent to exercise the authority so delegated. Be advised that protected patient health information may be shared with the proxy to facilitate informed decision making.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**LIMITATIONS OF TREATMENT (choose one):**

\_\_\_\_\_ I do not want to limit the type of treatment. I will let the ophthalmologist decide what treatment my child needs that day.

\_\_\_\_\_ I want to limit the treatment. The ophthalmologist cannot:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CONTACT ME IF YOU HAVE QUESTIONS**

I want you to call me if my child has a serious condition. If you are unable for any reason to contact me, the proxy may give consent.

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Landline Phone: \_\_\_\_\_ Landline Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EXECUTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Parent or Legal Guardian**

**EXECUTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Parent or Legal Guardian**

**Proxy Decision Maker:** \_\_\_\_\_

**Driver's License Number of Proxy:** \_\_\_\_\_

*Include the following section if NOTARIZATION is required by law; if not, delete this section:*

**NOTARIZATION:**

I, the undersigned, a Notary Public, do hereby certify that the persons whose names are subscribed to the foregoing instrument appeared before me this day in person and acknowledged that they signed and delivered the foregoing instrument as their free and voluntary act for the purposes set forth therein.

Given under my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.