Caregiver Consent for Medical and/or Emergency Treatment (when parent not present)

I give my consent to:

Full Name: _____ Phone: _____
(Hereafter "Caregiver")

Address: _____City:_____State:_____ Zip: ____
who will be caring for my child(ren)/dependent(s) for the period of (this period can NOT be longer than six(6) months, after six (6) months a new form is required):

_____ through_____
Month Date Year Month Date Year

to arrange for routine or emergency medical care and treatment necessary to preserve the health of my child/dependent or in the event that my child is injured or ill while under the care of the caregiver or scheduled for a routine exam at his/her current pediatrician's office:

Birmingham Pediatrics + Wellness Center
3270 West Big Beaver Road, Suite 400 Troy, Michigan 48084

In making medical decisions on my behalf or the benefit of my child/dependent, I direct that the caregiver attempt to call me. However, if medical care becomes urgent, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor/provider, hospital or their authorized designee. If needed to make any treatment decisions by the caregiver on my behalf for the benefit of my child/dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my child/dependent's health and relevant to any such decisions to be made respecting such treatment. I do not hold **Birmingham Pediatrics + Wellness Center** responsible for contacting me if this form is signed and present at the time of treatment with the caregiver.

Dependents included in this consent form are:

_____ _____/_____/_____
Name Date of Birth

_____ _____/_____/_____
Name Date of Birth

_____ _____/_____/_____
Name Date of Birth

_____ _____/_____/_____
Name Date of Birth

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all the charges in connection with the care and treatment rendered to my dependent during this period.

_____ _____
Signature of Parent/Legal Guardian Date

_____ _____
Printed Name of Parent/Legal Guardian Date