

Cornerstone Pediatrics
90 Health Park Dr., Suite #160
Louisville, CO 80027
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Consent for Medical Treatment

I, _____, here by voluntarily consent to the rendering of such care, including

(Parents name)

diagnostic procedure, surgical and medical treatments and blood transfusions, by medical doctors, hospitals, or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my child _____.

(Child's Name)

I further give my consent to _____ who will be caring for my dependent, to

(Caregiver's Name)

arrange for routine or emergency medical care and treatment necessary to preserve the health of my dependent. In the even that my dependent is injured or ill while under the care of the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decision on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital, or their authorized designee. In furtherance of any treatment to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health relevant to any such decisions to be made respecting such treatment.

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 reasonable changes in the connection with the of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period. I understand that this document is good for the period of one calendar year.

Parent Signature

Printed Name

Date

Child's Name:

Child's Provider:

(Please one form per child)

