

# Pediatric & Adolescent Center of NW Houston, PA

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## CONSENT BY PROXY FOR NON-URGENT PEDIATRIC CARE

(For families who are ongoing patients of Pediatric & Adolescent Center of NW Houston)

I appoint \_\_\_\_\_, who is my child(ren)'s  
(Name of Proxy Caretaker)

\_\_\_\_\_, as my proxy decision maker for  
(Specify Proxy Caretaker's Relation to the children)

consenting to non-urgent medical care for my children listed below. I 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.

### Child(ren) Information:

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

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

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

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

### LIMITATIONS

Identify any limitations on the kinds of medical services for which this consent by proxy is given. If none, state "none."

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Identify any limitations on the time frame for which this consent by proxy is given. If none, state "none."

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### CONTACT INFORMATION

If the nature of the medical care is not routine, please try to contact me regarding the health care of my children at the following telephone number(s). If you are unable for any reason to contact me, you may rely on the proxy decision maker for consent.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Evening phone

\_\_\_\_\_  
Evening phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proxy

\_\_\_\_\_  
Date