Proxy Consent Form

Patient/Child's Name: _____________________________ Date of Birth _______/_______/______

I, ____________________________________ consent and authorize the individuals listed below to
(Parent/Guardian Name)
accompany my child to CCHC's clinic/service site in my absence for medical, dental and/or behavioral health services/treatment. I further grant permission for the following (please check one):

☐ My appointed proxy/proxies to approve any required treatment/service deemed medically necessary for my child outside of an examination and/or immunizations/vaccines at the time of service

☐ I wish to be notified if my child needs further services/treatment outside of an examination, physical and/or immunizations/vaccines at the time of service

Proxy Name	Address	Phone #'s	Relationship to child
		H: C:	
		H: C:	
		H: C:	
		H: C:	

I understand that all of my appointed proxies listed above are required to present a current photo ID, upon presenting to the clinic/service site, for confirmation. Otherwise, my child will be rescheduled for an appointment on another date.

I, along with my appointed proxies, hereby indemnify and hold harmless Christian Community Health Center (CCHC) and all their officers, agents, employees, attorneys, directors, insurers, affiliates, health networks and assigns from any and all liability for acting in reliance on this consent/authorization. The individuals appointed as proxies (listed above) are permitted to make decisions or consent to the care/treatment of my child in my absence. I also agree to accept financial responsibility for all care/treatment and services delivered pursuant to this consent/authorization. This consent/authorization is valid for one year (1) following the date signed below unless withdrawn in writing to CCHC or restricted by time frame as noted above.

___________________________________ ________________________________
Parent/Guardian Signature Date

___________________________________ ________________________________
Staff Witness Date

Parent/Guardian contact information:
Home #: (____) _______________________ Work #: (____) _________________
Cell Phone #: (____) _________________ Email: ________________________

Revised 10/5/14