

Meridian Advanced Psychiatry

Alternate Caregiver Consent Form

Patient Name: _____

Except for life threatening emergencies, **we are not able to treat your minor child** unless he or she is accompanied to our office by a parent, legal guardian or a designated adult.

In order to designate an adult to bring your child into our office for medical care in your absence, you must have the following form (s) completed, signed and on file for each designated adult for each of your children.

Minor children reporting for an appointment without a parent, legal guardian, an adult named in a signed designee form or a signed note from a parent may need to be rescheduled.

I authorize the following individual(s) to bring in my children to their appointments:

Name: _____ Relationship to my child: _____

Name: _____ Relationship to my child: _____

Name: _____ Relationship to my child: _____

I attest that the above-named individual(s) are all 18 or older as of this date. I authorize the above-named individual(s) to consent to treatment for my children. This may include, but is not limited to, medical evaluation, diagnosis, and treatment; diagnostic services, including lab tests or radiology procedures; prescription and administration of medications; counseling; and any other health care services defined in I.C. § 32-1015 deemed reasonably necessary and appropriate by the treating Provider. Meridian Advanced Psychiatry may relay any medical information about my child necessary for the above-named individual(s) to provide informed consent to the treatment. I understand that the doctor will communicate his or her findings and treatment plan to the caregiver who brings in the child and that, under most circumstances, a follow-up call to me personally should not be necessary.

I agree to hold Meridian Advanced Psychiatry and its staff harmless for any disagreement between the above-named individual(s) and myself regarding treatment decisions.

I attest that I am the parent or legal guardian of the following children and have the legal authority to make this agreement. I understand that I can revoke this authorization for any or all of these individuals at any time.

Date: _____

Signature of Parent/ Legal Guardian

Name of Parent / Legal Guardian (print)

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Phone contact for Parent/Legal Guardian