

Michelle Kolsi, M.D., Inc.

110 W. Stocker St., Glendale, CA 91202
Ph: 818-244-7237 | Fax: 818-244-6787
info@michellekolsimd.com

Alternate Caregiver Consent Form

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 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 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 will need to be rescheduled.

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

Name: _____ **Relationship to my child:** _____

Name: _____ **Relationship to my child:** _____

_____ I attest that the above named individual(s) are all 18 years of age 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, consent for necessary medications, vaccinations, procedures and hospitalization. Michelle Kolsi, M.D., Inc. 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 my child, and that under most circumstances, a follow up call to me personally should not be necessary.

_____ I agree to hold Michelle Kolsi, M.D., Inc. 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 child / children and I have the legal authority to make this agreement. I understand that I can revoke this authorization for any or all of these individual(s) at any time.

Child / children covered by this consent (list Legal full names and date of birth):

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

_____ **Date:** _____
Signature of Parent / Legal Guardian

_____ **Phone number:** _____
Name of Parent / Legal Guardian (Print)