

Encompass Pediatrics, LLC

Delivering exceptional Pediatric and Adolescent Healthcare

Phone: 401-728-9208

www.encompasspediatrics.com

Consent for routine medical and/or emergency treatment

I, _____ (mother/ father/legal guardian), hereby voluntarily consent to the rendering of essential medical care by the medical provider(s) at Encompass Pediatrics LLC, or their authorized designee(s), as may in their professional judgement be necessary to provide for routine medical or emergency care of _____ (name of the patient), who's date of birth is (mm/dd/yyyy)_____.

I hereby give my consent to _____ (full name of responsible adult accompanying the patient), who will be bringing the patient to his/her appointment at Encompass Pediatrics LLC. I understand that all efforts will be made by the medical provider(s) at Encompass Pediatrics LLC, to reach out to me first regarding any medical decision-making pertaining to the above patient's medical care. However, in the event I cannot be reached, I hereby give my consent to the above named responsible adult who will be accompanying the patient, to make any such decision(s) regarding such treatment as deemed appropriate by the medical provider(s) or their authorized designee at Encompass Pediatrics, LLC. In furtherance of any treatment decision(s) to be made by the above named responsible adult on my behalf for the benefit of the patient, I authorize the responsible adult to request, obtain, review, and inspect any and all information bearing upon the patient's health and relevant to any such decision(s) to be made regarding such treatment.

I hereby also give my consent to the above named responsible adult and medical provider(s) at Encompass Pediatrics LLC to contact the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility ONLY if such action is deemed necessary/appropriate by the medical provider(s) at Encompass Pediatrics, LLC.

There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the above individual(name of the above authorized person). I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

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This document shall remain in effect until _____ (not more than 60 days from today) or until I notify the individual in writing that I have amended or revoked it. I hereby affirm that the above statements are true, under pains and penalties of perjury

Signature of the Parent/Legal Guardian

Date

Name

Address

(_____) _____
Phone

Email: _____