



Victoria Pediatrics and Adolescents Assoc., Felix F. Regueira, M.D.

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Consent for Non-Urgent Pediatric Care Form

I appoint _____ who is my

Child(ren)'s _____ as my decision maker for consenting to non-urgent medical care for my children listed below:

Name _____ d.o.b. _____

Name _____ d.o.b. _____

Name _____ d.o.b. _____

Name _____ d.o.b. _____

Name _____ d.o.b. _____

Name _____ d.o.b. _____

I have the legal right to delegate such consent to the decision maker, who is an adult and legally and medically competent to exercise the authority to delegate. I understand that protected patient health information, as well as certain family history, may be shared with the decision maker, who is listed above, to facilitate informed decision-making. I am also giving this decision maker the right to consent to recommended immunizations in my absence.

Emergency Contact Information

If the nature of the medical care is NOT routine, please try to contact me regarding the healthcare of my child(ren) at the following telephone number(s):

Mother _____ Father _____

Cell# _____ Cell# _____

Daytime # _____ Daytime# _____

Evening# _____ Evening# _____

If you are unable to contact me for any reason, you may rely on the decision maker, named above, for consent

Legal Guardian's signature _____ date _____

Signature of witness _____ date _____