



## ALTERNATE CONSENT FORM

I, \_\_\_\_\_, the (mother/father/legal guardian) of \_\_\_\_\_ (child's name), by signing below, hereby authorize ADVANCED PEDIATRIC CARE, PLLC to provide medical services to my child as deemed necessary by the physicians at ADVANCED PEDIATRIC CARE, PLLC, upon obtaining the written consent of any one of the following individuals:

1. \_\_\_\_\_ Relationship to child: \_\_\_\_\_
2. \_\_\_\_\_ Relationship to child: \_\_\_\_\_
3. \_\_\_\_\_ Relationship to child: \_\_\_\_\_

I agree to pay for the charges billed for any and all services provided to my child by ADVANCED PEDIATRIC CARE, PLLC based upon the consent of any one of the above named individuals.

I understand and agree that this Authorization will remain in effect until revoked by me in writing, to ADVANCED PEDIATRIC CARE, PLLC.

\_\_\_\_\_ Signature      Date: \_\_\_\_\_

\_\_\_\_\_ Printed name      Relationship to child: \_\_\_\_\_

\_\_\_\_\_ Advanced Pediatric Care, PLLC Employee Witness Signature

\_\_\_\_\_ Printed name of Witness