



# Universal Pediatric Associates, PC

Care of children is our greatest privilege

*Milana Stavitsky, MD, FAAP*

*Rosina Mele, MD, FAAP*

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## Delegation of Authority to Consent for Health Care

I, \_\_\_\_\_, delegate my authority to consent for the health care of my minor child(ren), \_\_\_\_\_, for a period of time when I will not be reasonably available to exercise my authority. Also I delegate my authority for consent to \_\_\_\_\_, except as specified below.

This authorization of consent is to be exercised in good faith and in the best interest of my minor child subject to the following terms and conditions (if any)

\_\_\_\_\_

\_\_\_\_\_

This authorization of consent becomes effective on:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent / Guardian signature      Date

\_\_\_\_\_  
Signature of person accepting authority of consent

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

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