

# Pediatrics at Murphy Road

Ylicia Richards, MD

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## Delegation of Consent

For families who have established relationships with Pediatric at Murphy Road, it may be convenient to have on file, prior authorization for medical care for children when a parent cannot be present for treatment. Please complete the following form if you want to delegate and authorize any treatment in advance, by another person.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize the following individual(s) when I am not present to accompany my child and consent to all medical care necessary as recommended by Pediatrics at Murphy Road. I understand that this consent includes any medical, surgical and emergency care.

\_\_\_\_\_  
Name of person                      Relationship to child                      Phone number

\_\_\_\_\_  
Name of person                      Relationship to child                      Phone number

\_\_\_\_\_  
Name of person                      Relationship to child                      Phone number

\_\_\_\_\_  
Name of person                      Relationship to child                      Phone number

I understand that this delegation is valid until I withdraw my consent in writing.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Thank you for choosing Pediatrics at Murphy Road!**