



**Pediatric
Physicians,
PC**

**Non-Parental
Caretaker
Registration**

Please furnish the following information. The information will be used in strict confidence in your child's chart.

Caretaker full name: _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Mobile phone: _____

Relationship to the patient: Step-father _____ Step-Mother _____ Grandparent _____ Other: _____

If caretaker carries the Insurance or is responsible for medical bills, please provide the following information:

Date of Birth: _____ Social Security Number: _____ - _____ - _____

The above listed person has my permission to sign for treatment and/or receive protected health information for the following children:

Child's Name _____ Date of Birth _____ PPC# _____

Child's Name _____ Date of Birth _____ PPC# _____

Child's Name _____ Date of Birth _____ PPC# _____

Child's Name _____ Date of Birth _____ PPC# _____

The above listed person has my permission to sign for treatment and/or receive protected health information for the above listed children. I assume responsibility for providing insurance information for these children for office visits when taken to Pediatric Physicians, PC by this Caretaker, or for paying balances not covered by insurance for these visits. This permission is in effect until revoked by a Legal Guardian.

SIGNATURE OF LEGAL GUARDIAN: _____ DATE _____

PRINTED NAME: _____

RELATIONSHIP TO PATIENT: _____