



*We put your health first*

### **Care of a Minor Child Waiver**

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_ authorize \_\_\_\_\_ to attend with my child their appointment with the provider at New West Physicians. By signing below, I authorize the aforementioned person to make any medically relevant decisions regarding my minor child. This includes any decisions regarding medications, blood work, imaging, and any other decision involved in my child's care.

**You must check one:**

\_\_\_\_\_ I authorize this person to bring my child in on this date: \_\_\_\_\_

\_\_\_\_\_ I authorize this person to bring my child in on any date until the expiration of this waiver on this date: \_\_\_\_\_ (date not to exceed one year from today's date).

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Child's date of birth

**New West Physicians**

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