

**APPOINTMENT OF SUBSTITUTE DECISION-MAKER FOR PEDIATRIC CARE**

The parent/guardian(s) signing below appoint \_\_\_\_\_ as a substitute decision maker for consenting to primary medical care for the children listed below. Primary medical care includes diagnosis and treatment of common illnesses and mild to moderate injuries, prescriptions for medication, and referrals to specialists or other facilities. Primary medical care **does not include** immunizations, injections, behavioral health, surgical procedures, or any type of contraceptive care, even if the parent/guardian attempts to authorize the substitute decision maker to consent to such care.

**CHILDREN'S NAMES**

The individual named above is appointed as substitute decision maker for the following child or children:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**LIMITATIONS**

Identify any limitations on the kinds of primary medical care the substitute decision maker can authorize. If none, state "none".

---

---

**REVOKING THIS APPOINTMENT**

This appointment will be valid for three years from the date of signature and will be automatically revoked at the end of that year. Castle Rock will also revoke this appointment if any parent/guardian not signing below objects to the appointment. Parent/guardian may revoke this appointment at any time by notifying Castle Rock in writing. Also, parent/guardian may specify how long this appointment will be effective (not to exceed three years) in writing below. If none, state "none".

---

**PARENT/GUARDIAN AGREEMENT**

By signing below, the parent/guardian certifies that he/she is the parent or court-appointed guardian of the children listed above, and the parent/guardian's right to make medical decisions for the children is not restricted in any way. Parent/guardian agrees that, (a) parent/guardian, not Castle Rock, is responsible for selecting the substitute decision-maker and confirming that person is physically and mentally competent to make decisions about the children's healthcare; (b) protected patient health information may be shared with substitute decision maker to facilitate informed decision making; (c) parent/guardian is responsible for revoking this appointment if they no longer want the substitute decision maker to have authority to make health care decisions about the children; and, (d) it is parent/guardian's responsibility to notify any other parent or guardian of this appointment.

Parent Name: \_\_\_\_\_

Parent Name : \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date