

Patient Name: _____ Date of Birth: _____

PARENT IDENTIFICATION

Parental contact information for questions regarding treatment:

Parent Name Phone Number Alternate Phone Number

Parent Name Phone Number Alternate Phone Number

I (we) hereby indemnify and hold harmless Northwest Colorado Health, and all their officers, agents, employees, attorneys, directors, insurers, affiliates, subsidiaries, related corporations, successors, heirs and assigns from any and all liability for acting in reliance on this authorization. The individual appointed as proxy (listed above) is permitted to make decisions or consent to the care in my absence. I also agree to accept financial responsibility for all care and services delivered pursuant to this authorization. This authorization is valid for one year (1) following the date signed below unless withdrawn in writing to Northwest Colorado Health or restricted by time frame as noted above. Only one parent's signature is required.

Signature of Parent or Legal Guardian

Date

Staff Initials: _____

Revision: May 2018