



KidsWatch Pediatrics and Urgent Care Authorization for Medical Care - Custodial/Separated Parents

This form must be completed and signed by *both* parents (or legal guardians) with legal custody of the child named below. Please provide copies of any relevant legal custody orders, agreements, or decrees.

Child's Information:

- Child's Full Legal Name: _____
- Child's Date of Birth (MM/DD/YYYY): _____
- Child's Medical Record Number (if known): _____

Parent/Legal Guardian Information:

Parent/Legal Guardian 1:

- Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____
- Address: _____

Parent/Legal Guardian 2:

- Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____
- Address: _____

Custody Information (Please check all that apply and attach supporting legal documentation):

- Both parents have joint legal custody and equal rights to consent to medical care.
- One parent has sole legal custody and the right to consent to medical care. (Specify Parent/Legal Guardian 1 or 2: _____)
- Legal custody is shared, but specific provisions exist regarding medical consent. (Please attach documentation.)
- Other (Please explain and attach documentation):

Authorization:

We, the undersigned parents/legal guardians, certify that the information provided above is accurate and complete to the best of our knowledge. We understand and agree to the following:

- We have provided KidsWatch Pediatrics and Urgent Care with copies of all relevant legal custody documents.
- We understand that it is our responsibility to keep KidsWatch Pediatrics and Urgent Care informed of any changes to our custody arrangements, contact information, or insurance information.
- We authorize KidsWatch Pediatrics and Urgent Care to provide medical care to our child as needed, based on the custody arrangements outlined above and the best interests of the child.
- We understand that KidsWatch Pediatrics and Urgent Care will share medical information with both parents unless legally restricted.
- We agree to communicate with each other regarding our child's medical care and will not involve KidsWatch Pediatrics and Urgent Care in custody disputes.

Signatures:**Parent/Legal Guardian 1:**

- Signature: _____
- Printed Name: _____
- Date: _____

Parent/Legal Guardian 2:

- Signature: _____
- Printed Name: _____
- Date: _____

Witness (Optional - If required by state law):

- Witness Signature: _____
- Witness Printed Name: _____
- Witness Date: _____

For KidsWatch Pediatrics and Urgent Care Use Only:

- Legal Documents Received: Yes No Date: _____
- Reviewed By: _____
- Notes: _____