



Lynn Keefe, MD

pediatrics

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CONSENT BY PROXY

I, _____, the legally authorized representative of child,
_____, do hereby delegate _____
authority to consent to my child's medical care and healthcare decisions. The relationship of the above-
named person to my child is: _____.

The extent of this authorization includes consenting to preventative care, non-urgent medical care of
non-urgent illnesses, administration of vaccines, medications, medical screening tests, laboratory testing,
radiographic imaging, and the prescribing of medications.

This authorization takes effect _____
and remains in effect until _____.

Signature of Legally Authorized Representative

Date