

Authorized Individuals

I understand that only I or authorized guardians are allowed to bring my child _____ DOB _____ to his or her appointment unless I give written notice.

_____ (Initial)

I authorize the following individual(s) to bring my child to their appointments and make medical decisions on my behalf.

These individuals must present a valid ID upon check in.

Name

Relation to Patient

Signature

Date

OR

I **do not** give permission for anyone else to bring my child to their appointments.

Signature

Date