Authorization For Care

We believe that is it best for your child to be with a parent or legal guardian at every visit to our office. However, we realize this may not always be possible. We would like to know who has permission to present your child for medical care. Therefore, please complete this form by writing today’s date and your name. Only under special circumstances can we provide medical services to a minor without the permission of a parent or legal guardian. A minor is defined as anyone under the age of 18 years old unless that minor is a parent also. If you desire, you may name below any person you would like to be a representative of your child for any medical decisions. You are free to make updates or changes at any time.

Patient’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name Relationship to patient

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_