



## AUTHORIZATION – NON-PARENT/GUARDIAN TO ACCOMPANY PATIENT

Periodically there may be times when you are unable to bring your child to the office for an appointment and need to rely on a family member or friend. We understand these circumstances; however, we must have a written authorization letter allowing this person to accompany your child(ren). The person bringing your child will need to present photo identification at time of service.

This authorization gives the person permission to bring your child(ren) in, speak to the doctor, given authorization for treatment, vaccinations, medication, and certain procedures and make general health decisions.

I, \_\_\_\_\_, give the person(s) listed below permission to bring my child to Total Family Care and to discuss and share medical information about my child. I further authorize them to see all necessary medical records and make health care decisions of a routine nature as determined at the sole discretion of the provider.

I also give them authority to make more serious or urgent health care decisions in the event that I cannot be reached or where it is of an emergency nature where there is not sufficient time to seek of my specific consent.

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Limitations (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person authorized: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of person authorized: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of person authorized: \_\_\_\_\_ Relationship: \_\_\_\_\_

---

Parent/Guardian Signature

Date