



### Authorization to Bring and/or Communicate

A parent or guardian must accompany all children/teens under the age of 18. The parent or guardian can designate other persons to seek medical care for their minor by completing the information below.

*Please be advised that we will not be able to administer vaccines regardless of who is listed below if a parent/guardian is not present.*

➤ This form is required for individually for **EACH** child.

I, \_\_\_\_\_, give the following person{s} permission to make medical decisions in my absence, speak to office staff for advice or triage related to my child's health, pick-up school forms, pick-up shot records and pick-up prescriptions for my child, based on the choices below for matters related to my child, \_\_\_\_\_, date of birth \_\_\_\_\_.

*\*Please note any exceptions to the above statement, if applicable, under each individual listed below. (For example: "John Doe-Grandfather-is not allowed to pick-up prescriptions, etc.)*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*Exceptions \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*Exceptions \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*Exceptions \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*Exceptions \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*Exceptions \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent/Guardian Signature (unless 18 yrs or older) \_\_\_\_\_ Date \_\_\_\_\_

*\*\*\*Please be advised that we DO NOT recommend you listing person(s) that may not care for your child on a **routine** basis and may not know the medical history of your child.*