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 people 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 EACH child**.

*****Please be advised that we DO NOT recommend you list person(s) that may not care for your child on a **routine** basis and may not know the medical history of your 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 pertaining to my child, _____, date of birth _____.

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

Name_____ Relationship_____ Phone_____

**Exceptions*_____

Name_____ Relationship_____ Phone_____

**Exceptions*_____

Name_____ Relationship_____ Phone_____

**Exceptions*_____

Name_____ Relationship_____ Phone_____

**Exceptions*_____

***For any child 16 and Older- _____I, give permission for them to get Vaccines and blood work when they are by themselves.**

_____, I do NOT give them permission to get Vaccines and Blood Work when they are by themselves.

Printed Name_____

Parent/Guardian Signature *(unless 18 yrs or older)*_____ **Date**_____

REVISED 04/02/25