



Authorization For Caretakers To Attend Medical Appointments

Patient Name: _____ **DOB:** _____

Parent/Guardian: _____

I understand that a parent or legal guardian is expected to attend visits for medical care. In the event that I am unable to attend a medical care appointment, I authorize the following person/persons to attend visits for medical care. I understand that these caretakers will be given personal health information regarding my minor child.

Name _____

Address: _____

Phone: _____

Relationship to Minor Child: _____

Name: _____

Address: _____

Phone: _____

Relationship to Minor Child: _____

Parent/Guardian Signature: _____

Date: _____

Authorization Expires 12 months from above date