

## Authorization to Bring a Minor

This authorization form is to be used when someone other than the parent or legal guardian will be bringing a minor to the physician's office.

*Please check off that apply*

Child's Name	Date of Birth	Evaluation	Treatment	Admin of Vaccines

\*\*\* If multiple children are listed, be sure to scan into EACH child's record \*\*\*

I hereby provide permission for the following person to bring my child(ren) to the office for the services that I have checked off above.

Name	Relationship to Child (ren)	Expiration Date

I understand that when the person(s) identified above bring my child(ren) to the Advocare LLC Care Center listed on this form for a well visit or for treatment of a medical problem, that this person may need to consent for my child(ren) to receive medical services that the medical provider determines necessary for the care and treatment of my child(ren). I hereby authorize the person(s) listed above to provide consent for the provision of the medical services stated above to my child(ren). My child(ren)'s protected health information that the medical provider determines relevant to the office visit may be disclosed to this person.

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(Print) Name of Parent/Legal Guardian

(Signature)

(Date)

*If Signed by Patient's Legal Guardian, a copy of the legal document granting you such power must be attached or on file with Advocare LLC.*

**This authorization shall be valid for each visit that the person(s) identified above brings my child(ren) to the Advocare LLC, Care Center listed on this form unless I provide an expiration date OR written notice of revoking authorization to the Advocare Care Center list above.**

Initials