



Child 's Name: _____

DOB: _____

Authorization for Non-Custodial Caregiver to Accompany Patient

There may be times when you are unable to bring your child 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 a photo identification at the time of service.

This authorization gives the person permission to bring your child(ren) to our office, speak to the provider, give authorization for treatment, vaccinations, medication, certain procedures and make general health decisions.

I, _____, give the person(s) listed below permission to bring my child, _____, DOB _____ to Oasis Center of the Rogue Valley 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 at the sole discretion of the provider.

This authorization is effective from on this _____ day of _____, 20____ and expires on the _____ day of _____, 20_____.

Name of Person (allowed to bring child)

Relationship

Name of Person (allowed to bring child)

Relationship

Printed Parent/Guardian Name

Parent/Guardian Signature

Date