PrimeCare
FAMILY PRACTICE

Pediatric Authorization Form

It is the policy of Prime Care Family Practice that patients under the age of eighteen (18) must be accompanied by a parent or legal guardian. We do realize that sometimes, it may be necessary for someone else to bring your child to our office. We ask that you provide written permission for that to occur by completing the information below.

I _____ give my permission for the following person(s) to bring my child for health care services.

Name of minor child: _____

(Designee must be over 18 years of age):

_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child

My child _____ is over the age of **sixteen (16)** and has my permission to seek medical care at Prime Care Family Practice.

Signature of Parent/Legal Guardian: _____ Date: _____

This permission may be withdrawn at any time with a written request by parent/legal guardian.