



Authorization – Non-Parent/Guardian to Receive Information and Accompany Patient

Periodically there may be times when you are unable to bring your child to the office 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) and to receive verbal and written information. The person bringing your child will need to present photo identification at time of service.

This authorization gives the person permission to receive verbal and written information and bring your child (ren) in, speak to the clinician, given authorization for treatment, medication, and certain procedures, be present for allergy injections, and make general health decisions.

I, _____, give the person(s) listed below permission to bring my child to Michigan ENT & Allergy Specialists and to discuss and share medical information about my child. I authorize them to see all necessary medical records and make health care decisions of a routine nature as determined at the sole discretion of the Provider.

I also give them authority to make more serious or urgent health care decisions in the event I cannot be reached or where it is of an emergency nature where there is not sufficient time to seek out my specific consent.

Child's Name: _____ DOB: _____

(IF ONLY PARENTS ARE ALLOWED TO BRING CHILD IN, PLEASE INDICATE 'NONE')

Name of Person (allowed to bring child)	Relationship
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Name of Person (allowed to bring child)	Relationship
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Name of Person (allowed to bring child)	Relationship
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This consent is valid until revoked in writing by me, the parent or legal guardian.

Signature (Parent/Guardian)	Date
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Witness	Date
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