

Authorization for non-biological parents/guardians/caregivers

If you are a non-biological parent/guardian/caregiver, you are required to bring the following signed authorization from the biological parents/legal guardians to your patient's first visit. If parents are divorced or separated and have shared custody, each parent must fill out a separate form. If one parent is not involved in the child's care, the involved parent needs to provide proof of full custody.

Person giving the authorization: _____ DOB _____

Relationship to the patient: _____

I am authorizing (name of person being authorized _____, DOB _____, to bring my child(ren) named below to Premier Pediatrics for medical care. This person is also authorized to take decisions on behalf of the child(ren) regarding his/her/their medical care, as well as access medical records if needed.

Is this person also financially responsible for this child's care at our facility? Please check one.

Yes _____ No, I am responsible for any financial obligations or insurance issues _____

Signature of the person giving the authorization: _____ Date _____

Signature of the authorized person: _____ Date _____