

Account #: _____

AUTHORIZATION FOR NON-PARENT/GUARDIAN TO 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). 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) in, speak to the doctor, give authorization for treatment, medication and certain procedures and make general health decisions.

I, _____, give the person(s) listed below permission to bring my child to Texas ENT Center and to discuss and share medical information about my child. I further authorize them to see any necessary medical records and make health care decisions of a routine nature as determined at the sole discretion of the Texas ENT 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: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Name of Person (allowed to bring child)_____
Relationship_____
Name of Person (allowed to bring child)_____
Relationship_____
Signature (Parent/Guardian)_____
Date