



926 13th Ave S, ♥ Great Falls, MT 59405
Phone (406) 770-3000 ♥ Fax (406) 770-3146
Hours: Monday-Thursday 8am-5pm

Authorization – 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 time of service.

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

I, _____, give the person(s) listed below permission to bring my child to Premier Care Pediatrics for an appointment on _____ and to discuss and share medical
(date of appointment)
information about my child. I further authorize them to make health care decisions of a routine nature as determined at the sole discretion of the Premier Care Pediatrics provider.

Child's name: _____ DOB: _____

Child's name: _____ DOB: _____

Child's name: _____ DOB: _____

Child's name: _____ DOB: _____

Name of Person (allowed to bring child)

Relationship to child(ren)

Name of Person (allowed to bring child)

Relationship to child(ren)

Parents/Guarantor Contact Information During Appointment:

Where/how can you be contacted in case of emergency? _____

Phone: _____

Comments: _____

Printed Name Parent/Guarantor: _____

Signature Parent/Guarantor: _____ **Date:** _____

* This form is for date of service appointments only. Any permanent changes will need to be completed on patient registration paperwork*