NORTHWESTERN CHILDREN'S PRACTICE

MINORS UNACCOMPANIED BY GUARDIAN

The purpose of this form is to identify individual you would allow to bring your child for visits to *The Northwestern Children's Practice* and to authorize the disclosure of information during visits. This form will be valid one year from the date of signature unless otherwise revoked.

NAME OF CHILD: _____ CHILD'S DATE OF BIRTH: _____

TODAY'S (EFFECTIVE DATE): _____

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I authorize the following individual(s) to transport my child to and from his/her medical appointments:

Name: _____Relationship: _____
Please Print Name

Name: _____Relationship: _____
Please Print Name

Name: _____Relationship: _____
Please Print Name

The above-named individual(s) are authorized to accompany my child to and from his/her appointments. I acknowledge that I remain the child's legal guardian and that I, and/or the child's legal guardian (if applicable), must be available by telephone call during the appointment at the number(s) listed below to discuss or consent to any further medical treatment.

I hereby authorize the protected health information regarding the above-named person to be exchanged between NWCP and the individual(s) listed above for the following purposes: Allowing the above-named individual(s) to accompany my child to his/her appointment and to receive information directly relevant to such individuals' presence at my child's appointment. I have read and understand the terms of this Authorization. By my signature, I hereby, knowingly and voluntarily authorize NWCP to use or disclose my health information in the manner described above:

Printed Name of Legal Guardian: Phone Number: Date/Time:

_____ _____ _____

Signature of Patient or Legal Guardian: Relationship to patient:

_____ _____