

Azelvandre D.O. & Associates, LLC

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Phone: (407) 339-1060 Fax: (407) 339-1081

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 written authorization allowing this person to accompany your child. The person bringing your child will need to present a valid form of photo identification at time of service. This authorization gives the person(s) permission to bring your child in to speak to the doctor, give authorization for treatment, vaccinations, medication, and certain procedures as well as make general health decisions on behalf of your child.

I, _____ (print name), give the person(s) listed below permission to bring my child to Azelvandre D.O. & Associates LLC and to discuss and share medical information. I further authorize the person(s) listed below to see all necessary medical records and make health care decisions of a routine nature as determined by the sole discretion of the provider. I also give them authority make more serious or urgent health care decisions in the event that 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:** _____

Name of person (allowed to bring child)

Relationship

Name of person (allowed to bring child)

Relationship

Name of person (allowed to bring child)

Relationship

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