



Authorization—Non-Parent/Guardian to Receive Information and 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) and to receive verbal and written information. The person bringing your child will need to present a photo identification at the time of service.

This authorization gives the person permission to receive verbal and written information and bring your child(ren) in, speak to the clinician, give authorization for treatment, medication and certain procedures, be present for allergy injections and make general health decisions.

I, _____, give the person(s) listed below permission to bring my child to Great Lakes ENT & Allergy Specialists (GLENTS) and to discuss and share medical information about my child. I further authorize them to see all necessary medical records and make health care decisions of a routine nature as determined at the sole discretion of the GLENTS 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.

Patient Name: _____ DOB: ____ / ____ / ____

Patient Name: _____ DOB: ____ / ____ / ____

Patient Name: _____ DOB: ____ / ____ / ____

IF ONLY PARENTS ARE ALLOWED TO BRING THE CHILD IN, PLEASE INDICATE 'NONE.'

Name of Person (allowed to bring child): _____ Relationship: _____

Name of Person (allowed to bring child): _____ Relationship: _____

Signature (Parent/Guardian): _____ Date _____