



**GUARDIAN AUTHORIZATION FOR NON-GUARDIANS TO
ACCOMPANY CHILD DURING VISITS**

PLEASE PRINT ALL INFORMATION UNLESS OTHERWISE STATED

Today's Date: _____

I, _____, allow my child
(First and Last Name)

_____ to be seen at PrimeCARE Medical
(First and Last Name)

Clinic without myself or another guardian present when accompanied by any of the following adults:

Name:	Phone Number:	Relation:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I acknowledge that these adults are authorized to receive my child's health information.

I acknowledge that this authorization is valid for one year from the date of signature, unless I come to a PrimeCARE Medical Clinic to revoke it. This authorization would also be revoked if the child turns 18 years of age during the next year.

X _____
(Guardian Signature)

Date: _____