

**Callie Pediatrics
6636 E. Carondelet Drive
Tucson, AZ 85710**

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 allowing this person to accompany your child(ren). ****The person bringing your child will also need to present a photo ID at the time of service.****

I, _____, give permission to the individuals listed below to bring my child(ren) to **Callie Pediatrics** and to discuss and share medical 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 providers. I give them authority to make more serious or urgent care decisions in the event that I cannot be reached or in an emergency situation, when there is not enough time to seek my consent.. This permission will remain in effect until I specifically revoke it.

Prior to the appointment, I will ensure that all insurance and payment information is current and accurate for the date of service. I am aware that whoever accompanies my child(ren) into the office is expected to pay applicable charges (e.g. copays) and balances (e.g. deductible) at check-in, before services are rendered.

Patient (child) Name(s):

_____	Date of birth ___/___/___
_____	Date of birth ___/___/___
_____	Date of birth ___/___/___
_____	Date of birth ___/___/___
_____	Date of birth ___/___/___

This permission will remain in effect until such time that I specifically revoke it.

Individuals who may bring the children other than parents:

Name	Relationship to child(ren)

Print Name--Custodial Parent/Legal Guardian

Signature Custodial Parent/Legal Guardian

Date