



Appointment Authorization

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

You may appoint anyone who is over the age of 18 years to be responsible for your child when you are unable to accompany them to their medical appointment.

Minor's Full Name _____
Last Name First Name Middle Name Date of Birth

For occasions when you may not be with you child, please list those individuals who may give us consent to see your child.

Full Name Relationship to Patient Phone Number

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_____ Initial here if you wish to give consent for the minor to receive medical care without an accompanying adult, which shall be in effect for _____ days only, or _____ (Initial here) indefinitely, until revoked by written communication.

Please be advised that we will not be able to perform any invasive procedures unless a parent of legal guardian accompanies the minor to their appointment. If such services need to be performed, another appointment will need to be scheduled in which the parent or legal guardian must be in attendance. By signing appointment authorization form, the parent or legal guardian agrees and grants authorization to the individual(s) listed above to sign consent for immunization administration as well as any minor procedures. Compassion Services, LLC assumes that both parties are in complete agreement and therefore will not be help responsible for any miscommunication between parties.

It is the policy of Compassion Services LLC that the adult presenting the child for treatment, or the child if they are seen without an adult present, is responsible for payment of the patient portion at the time of service.

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

Print Name Relationship to Patient Date

Parent /Legal Guardian Signature Phone number