



AUTHORIZATION FOR MEDICAL /DENTAL CARE TO MINORS or ADULTS WITH DISABILITIES

For families who are ongoing patients of Family HealthCare, it may be more convenient to have prior authorization for medical/dental care delivered to minors/adults with disabilities if for some reason the parent/guardian is unable to be present. Please review the following authorization for treatment and complete the information if you want to pre-authorize treatment.

Authorized person(s) MUST be 18 years of age or older.

Are you the legal guardian(s)? Yes _____ No _____ *(If not legal guardian, you cannot complete this form)*

I do **NOT** authorize Family HealthCare and its personnel to provide any medical /dental services to my minor/adult without my presence except for in a life -threatening circumstance

I authorize Family Healthcare and its personnel to deliver medical/dental care to my minor/adult for whom we are the legal responsible party:

Person(s) authorized to accompany minor/adult to clinic if legal guardian is unavailable:

Name: _____ Relationship to child/family: _____

Name: _____ Relationship to child/family: _____

Name: _____ Relationship to child/family: _____

PARENT / LEGAL GUARDIAN SIGNATURE

I understand that I am giving permission to Family HealthCare to treat the above-named minor/adult with disability in the event that he/she presents to the clinic with one of the authorized individuals listed above, and that permission is granted to forward pertinent medical or other information from this visit to the insurance company if applicable.

I further understand that parent/guardian must be present for any non-emergent medical/dental surgical procedures including but not limited to tooth extractions and Root Canals. Family HealthCare will do our best to notify guardians of such procedures/paperwork before appointment date.

I UNDERSTAND THE ABOVE AUTHORIZATIONS WILL REMAIN IN EFFECT UNTIL FURTHER WRITTEN NOTICE IS RECEIVED.

Patient/ Legal Guardian Signature **Date**

Patient/ Legal Guardian Printed Name