



Authorization TO TREAT AND FOR ANOTHER TO BE PRESENT DURING THE APPOINTMENT

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INSTRUCTIONS TO PARENT OR LEGAL GUARDIAN:

- Use this form when you are not able to bring your minor child or adult with legal guardian to an appointment.
- The person bringing the patient must take this completed/signed form to the appointment. It should be given to someone at the front desk.
- Treatment may include routine vaccinations and medicine management. You may be contacted by a clinical team member.
- ***Print clearly when completing all information.***

THIS AUTHORIZATION COVERS:

- I authorize _____ to bring in and be present during
(Name of adult bringing patient)

the routine medical care and treatment of

_____ (patient name) (____/____/____)
(patient date of birth)

at Corewell Health on _____
(appointment date)

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I DO NOT AUTHORIZE: (Check any that apply)

- ☐ Any vaccinations to be given without being contacted by Corewell Health.
To read the vaccine information sheet (VIS), go to:
<https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/immunization/providerinfo/vis>
- ☐ Any medicine changes made without being contacted by Corewell Health.
- ☐ Other (explain) _____

I UNDERSTAND MY PROVIDER WILL FOLLOW UP WITH ME. THE WAY I PREFER FOLLOW-UP IS:

- ☐ I would like the After Visit Summary to be given to the adult who is bringing the patient.
- ☐ I would like a call from the office for follow-up.
- ☐ I will view information on MyChart.

I have read this form or it has been explained to me. All my questions about this form have been answered.

TIME _____ DATE _____

Parent/Legal Guardian signature _____

Parent/Legal Guardian (print) _____

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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DO NOT MARK BELOW THIS LINE BARCODE ZONE DO NOT MARK BELOW THIS LINE

