

# Dublin Primary Care

## Parental Pre-Authorization for Medical Care to Children

For families who are ongoing patients of Dublin Primary Care: it may be more convenient to have a prior authorization for medical care delivered directly to minors without a parent having to be present prior to treatment . Please review the following authorization for treatment and complete the information if you want to authorize such treatment in advance. Parents of children or legal guardians must be present for patients to receive immunizations.

### Authorization

I (we) request and authorize DUBLIN PRIMARY CARE and its personnel to deliver medical care to my ( our) child(ren) listed below

Please print Patient's Name

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Please try to contact me(us) regarding health care of my (our )child(ren) at the following phone number(s):

Parent's name \_\_\_\_\_ Telephone \_\_\_\_\_

Parent's name \_\_\_\_\_ Telephone \_\_\_\_\_

Name of person(s) who may bring child(ren) in for treatment :

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

NOTE: IF there are any special parental or custodial relationships ( such as custody with one parent only, legal custody/guardianship with non- parent. etc.) Please explain in the space below with your signature, printed name and telephone number at which you can be contacted.

\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_