



Oneida County Health Department

Diagnostic and Treatment Center

406 Elizabeth Street

Utica, NY 13501

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

This authorization gives the person permission to bring your child(ren) in, speak to the nurse, given authorization for ,vaccinations, and medication, and make general health decisions.

I, _____, give the person(s) listed below permission to bring my child to the Oneida County Health Department, Diagnostic and Treatment Clinic and to discuss and share medical information about my child. I further authorize them to see all necessary medical records and make health care decisions of a routine nature at this appointment.

Name of Person (allowed to bring child)

Relationship

Name of Child

DOB

Signature (Parent/Guardian)

Date