



**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. The person bringing your child will need to present **photo identification** at time of service.

This authorization gives the person permission to bring your child in, to speak to the nurse, give authorization for vaccinations and/or medication, and make general health decisions. This authorization document is only valid for this visit.

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 on (date)_____.

PLEASE CHECK

- I give permission for my child to receive any vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) which includes school required vaccines.
- I give permission for my child to receive **only** vaccines required by the New York State Department of Health to meet requirements for school attendance.
- I give permission for my child to receive **only** the following immunization(s):

Name of Person (allowed to bring child)

Relationship

Name of Child

DOB

Signature (Parent/Guardian)

Date

Phone Number of Parent/Guardian