



230 Quadral Dr. Suite B • Wadsworth • OH • 44281
P: 330-336-2800 • F: 330-336-5325

I, _____, give permission to _____,
(Parent/Guardian) (Adult to accompany minor)

to accompany my child _____ and authorize treatment for my child in accordance with the office policy of Family Statcare. This includes bringing the child into the Family Statcare clinic, providing a history of present illness, disclosing protected health information and witnessing any physical exam completed by the provider. This adult has the responsibility to relay any diagnosis, treatment plan or prescription(s) to the parent or legal guardian mentioned above. (Please be advised this adult must provide photo identification.) I agree to be available by phone and to be financially responsible for all copays and insurance. This authorization is only effective today, _____.
(Today's date)

Child's Health Information

Current prescribed or over-the-counter medications and dosages:

Medication: _____ Dosage: _____
Medication: _____ Dosage: _____
Medication: _____ Dosage: _____
Medication: _____ Dosage: _____

Allergies, illnesses, surgical history and/or other comments:

Child's primary care physician/pediatrician: _____

Immunization status: Up-to-Date Missing, reason: _____

Emergency Contact Information (Parent/Guardian)

Where/how can you be contacted? _____

Phone: _____

Parent/Legal Guardian Signature: _____

Date: _____