



ONEIDA COUNTY HEALTH DEPARTMENT

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“PROMOTING & PROTECTING THE HEALTH OF ONEIDA COUNTY”

OCGOV.NET/HEALTH

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 accompanying your child 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)_____.

First & Last Name of Person (allowed to bring child)

Relationship

First & Last Name of Child

DOB of Child

Signature (Parent/Guardian)

Date

Phone Number of Parent/Guardian