Pediatric Center of Round Rock, P.A. dba River Ridge Pediatrics
1526 Leander Rd.
Georgetown, TX 78628
Tel. (512) 863-7586
Fax (512) 863-5222

Authorization: Non-Parent/Non-Guardian to Accompany Patient

Periodically there may be times when you are unable to bring your child(ren) 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(ren) will need to present photo identification at time of service.

This authorization gives the person permission to bring your child(ren) in, speak to the doctor, give authorization for treatment, vaccinations, medication, certain procedures and make general health decisions.

I, _____, give the person(s) listed below permission to bring my child to River Ridge Pediatrics (RRP) 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 as determined at the sole discretion of the RRP provider. I also give them authority to make more serious or urgent health care decisions in the event I cannot be reached or where it is of an emergency nature where there is not sufficient time to seek out my specific consent.

IF ONLY PARENTS/GUARDIANS ARE ALLOWED TO BRING CHILD IN, PLEASE CHECK 'NONE':
___NONE

Name of Person (allowed to bring child): _____Relationship: _____

Name of Person (allowed to bring child): _____Relationship: _____

Name of Person (allowed to bring child): _____Relationship: _____

Name of Person (allowed to bring child): _____Relationship: _____

AUTHORIZATION FOR THE FOLLOWING PATIENT(S):

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Signature (Parent / Guardian): _____ Date: _____