



Authorization—Non-Parent/Guardian to Accompany a Minor 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). This authorization gives the person permission to bring your child(ren) in, speak to the doctor, and give authorization for treatment,

I, _____, give the person(s) listed below permission to bring my child to Olson Chiropractic Health Center and to discuss and share health information/ records/treatment about my child.

Child's Name: _____

DOB: _____

Child's Name: _____

DOB: _____

Name of Person (allowed to bring child): _____

Name of Person (allowed to bring child): _____

Signature (Parent/Guardian): _____

Date