Health Care for Children, P.C.
9051 NE 81st Terr., Ste. 100
Kansas City, MO 64158
816-792-1170

Alternate Care and Information Sharing Authorization

It is the policy of Health Care for Children NOT to provide treatment or other services to children unaccompanied by a parent or legal guardian. If desired, the parent or legal guardian may authorize others such as grandparents, babysitters, etc. to bring the patient to our office for care. An older adolescent patient (16 years of age or older) may be permitted to present to the office unaccompanied if permission is granted by a parent or legal guardian. This authorization form also grants our staff the permission to share information with the individuals listed below. **Please check one or more of the following**.

___ I authorize the following person/persons to bring the patient listed below for medical treatment including any immunizations or other necessary treatment. I understand the signature of the listed individual(s) will obligate me to any applicable charges and is a surrogate for my own signature.

___ I authorize the adolescent patient (age 16 or older) listed below to present unaccompanied for treatment if allowed by law.

___ I, the patient listed below, hereby give permission to share my health information (excluding information I have identified as confidential, unless required by law or insurance billing) with the person(s) listed below.

Name: _____ Relationship:_____

Name: _____ Relationship:_____

Name: _____ Relationship:_____

Name: _____ Relationship:_____

Expiration Date: _____ None (perpetual) ____

_____ _____
Patient's Name Patient's Date of Birth

_____ _____
Signature of Patient, Parent, or Legal Guardian Relationship

_____ _____
Printed Name of Individual Signing Above Today's Date