Holy Family Memorial
Sponsored by the Franciscan Sisters of Christian Charity

HFM Pediatrics
4303 Michigan Ave.
Manitowoc, WI 54220
Phone (920) 320-2436
Fax (920) 320-4315

PERMISSION TO ACCOMPANY A MINOR

I, __________________________, give permission to ___________________________
(Name of Parent/Guardian) (Name of adult to be accompanying child)
to accompany my child _________________________ and authorize treatment for my
(child's name and DOB)
child in accordance with the office policy of HFM Pediatrics. This includes bringing the child into the office of HFM Pediatrics, providing a history of present illness, disclosing protected health information, accompanying consented procedures, allowing immunizations 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. I agree to be available by phone and to be financially responsible for all copays and coinsurance.

This authorization is effective from: _____________ to _____________.
(effective date) (end date)

Child's Health Information
Current prescribed or over-the-counter medications and dosages:
Medication: ____________________________ Dosage: _____________________
Medication: ____________________________ Dosage: _____________________
Medication: ____________________________ Dosage: _____________________
Medication: ____________________________ Dosage: _____________________
Allergies, illnesses or other comments: ____
____
____

Emergency Contact Information for Parents/Guardians:
Where/how can you be contacted in case of emergency? __________________________
Phone: _____________________________
Comments:____
____

Temporary Guardian Information
Name: ________________________________ Phone: ______________________________
Address: ____
Temporary Guardian Signature:____

Health Insurance Information ❐ No change since last visit *(skip to next section)*
Insurance Company:_________________________ Policy Holder: ___________________
ID Number: ________________________________ Group Number: __________________
Effective Date: ______________________________ Copay: _________________________

Parent or Legal Guardian's Signature: ____________________ Date:___________