



Dear Patient:

It is always best for you to accompany your child to all doctor's appointments. We understand that there may be times when you must send your child to a doctor's appointment accompanied by someone else, however, we can only treat your child with your permission. So please fill-in the area at the bottom of this page.

We will keep this form in your child's chart for reference. The person you name must present proof of his/her identification at the time of the appointment. This prevents someone from bringing your child to the doctor without your permission.

Thank You,

Director of Operations

I, _____, give permission for HCHN to treat my child, when I am unable to be present for the visit.

I am naming:

Name	Relationship
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to accompany my child to an appointment, with the knowledge that HCHN will verify their identification at the time of the visit. This consent is good for one year from the date of your signature.

Parent's Signature and Date	HCHN Staff's Signature and Date
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