**(<u>Fill out</u> --------- OR ---------- <u>cross out if section not wanted</u>)**

**<u>Section 1</u>**

**AUTHORIZATION TO LEAVE MEDICAL INFORMATION ON PATIENT'S VOICE MAIL**

I authorize Lake Pediatrics to leave any medical information about myself/my child on my voice mail.

Signature _____ Date _____

Print Name _____Relationship to patient (if not SELF) _____

**<u>Section 2</u>**

**AUTHORIZATION TO SHARE MEDICAL INFORMATION**

**If you are unable to attend your child's appointment, we must have written authorization for anyone besides the documented parents or guardians, unless they are listed below. If they are not listed below, a new, signed consent must be brought to the appointment, with the patient, authorizing this person to bring the patient for treatment. If this is to be temporary, please note an end date.**

**ALL INDIVIDUALS MUST BRING A PROPER ID. NO EXCEPTIONS**

**By allowing someone else to bring my child in I am acknowledging that I am giving the consent to make medical decisions for this appointment. I will not hold Lake Pediatrics responsible for any medical decision made on my behalf by the listed individual(s). ____ initial here**

I authorize Lake Pediatrics to share my/my child's medical records with the following persons and/or authorize this person to bring my child to Lake Pediatrics for treatment?

| | | Authorize to Bring in? | Share copies of Med. records? | Expiration Date? Annual(Circle) |
|---|---|---|---|---|
| Name _____ | Relation to patient _____ | yes/no | yes/no | Exp?__/__/__ Annual |
| Name _____ | Relation to patient _____ | yes/no | yes/no | Exp?__/__/__ Annual |
| Name _____ | Relation to patient _____ | yes/no | yes/no | Exp?__/__/__ Annual |
| Name _____ | Relation to patient _____ | yes/no | yes/no | Exp?__/__/__ Annual |
| Name _____ | Relation to patient _____ | yes/no | yes/no | Exp?__/__/__ Annual |

I am the parent or legal guardian for this child, and I understand that if I want to change this authorization to include or exclude anyone or anything, at any time, I need to fill out a new authorization form (like this one) and have it placed in my/my child's chart.

**Patient Name_____ Date of Birth_____**

**Parent/Guardian Name _____ Relationship to Patient _____**

**Signature _____ Date _____**