

# **ALLERGY CARE**

## **VERY IMPORTANT**

**If someone other than a parent or guardian is bringing a child (under the age of 18) in for care they must bring this notarized consent form with them. This gives them permission to bring the child in for care. It is also extremely important to bring all signed HIPAA and insurance information with you as well. HIPAA information must be signed by the parent or legal guardian.**

**A notary is available for your convenience; please call to make sure she is available.**

### **NOTARIZED PARENTAL CONSENT FOR CARE**

Date \_\_\_\_\_ Patient Name \_\_\_\_\_

I, \_\_\_\_\_ give my permission \_\_\_\_\_  
**(Parent/Guardian) (Adult bringing child in for care)**  
to bring/accompany my child to Allergy Care for his/her medical care. I understand that granting this permission will allow the above named adult access to my child's medical information, as well as authorization to make medical decisions.

This permission is granted for \_\_\_\_\_.  
(Specific Date or Indefinitely)

\_\_\_\_\_  
(Parent/Guardian Signature)

Notarized on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

State of \_\_\_\_\_

County of \_\_\_\_\_

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
(Notary Signature)