



"CARING FOR OHANA, CARING FOR YOU"



AUTHORIZATION TO ACCOMPANY AND PROVIDE CONSENT FOR A MINOR

This form is required by the State of Hawaii for another person to bring your child to Hamakua Health Center, Inc. in the event that you are unable to do so. Please print clearly.

Hamakua Health Center, Inc. is requesting that you fill out the attached form and have it signed before a HHC representative to allow another adult to bring your child (or children) to the clinic for an appointment, in the event that you are unable to do so. This is a state requirement that a minor cannot be seen without the parent or a legal guardian except for some specific circumstances. HHC will require the attached document signed by you before a HHC representative to give permission for another adult (18 years old and over) to bring your child. This document will be kept in our files and will be used to verify the identification of the adult who will be bringing your child. If there is more than one person you would like to designate, please provide their names and identification information, such as driver's license, state ID, or passport.

I, _____, give permission to the person (s) listed below to bring my minor child/children to Hamakua Health Center, Inc. if I am unable to bring my child for an appointment. I further authorize the person(s) to consent to treatment and administration of immunization(s).

Name of adult: _____ DOB: _____ (must be 18 and over)

Proof of ID (license, passport): No: _____ Expiration Date: _____

List other adults that are also allowed to bring your child/children:

Name: _____ DOB: _____ Proof of ID: _____

Name: _____ DOB: _____ Proof of ID: _____

Name: _____ DOB: _____ Proof of ID: _____

List the name(s) of your child/children:

Name of Child: _____ DOB: _____

Name of Child: _____ DOB: _____

Name of Child: _____ DOB: _____

Parent's Signature: _____ **Date:** _____

Witness (Print): _____ Signature: _____ Date: _____