

# Premier Pediatrics

## CAREGIVER AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 105 (commencing with section 6550) of Division 11 of the California Family Code.

**Instructions:** Complete and sign the affidavit to authorize medical care including immunizations, physical exams, testing and/or treatment for the purpose of medical diagnoses and medical care, which is deemed advisable and is to be rendered by the providers and the staff of Premier Pediatrics.

I (we), the undersigned parent(s) / guardian(s) of: \_\_\_\_\_  
give authorization to the following qualified relatives and/or caregivers to seek care for the minor patient as indicated above.

CAREGIVER NAME	RELATIONSHIP TO PATIENT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**Please Note:** Caregivers listed above will be required to show picture identification at each visit.

**THE CAREGIVER'S AUTHORIZATION AFFIDAVIT WILL REMAIN IN EFFECT UNTIL FURTHER WRITTEN NOTICE.**

I declare under penalty the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Parent / Guardian's Name (Print)

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Patient's DOB: \_\_\_\_\_

~~Pt. Acct. #~~ - OFFICE USE \_\_\_\_\_