



Dr. Hughes's Holistic Wellness Center

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Permission to Accompany A Minor Or Ward

I, _____, the legal guardian of _____,
(Name of Legal Guardian) (Minor or Ward's Name and DOB)

give permission to _____ to accompany _____
(Name of adult to be accompanying the Minor or Ward) (Minor or Ward's Name and DOB)

and authorize the minor/ward in accordance with the office policy of Dr. Hughes's Holistic Wellness Center. This includes bringing the minor/ward into the office of Dr. Hughes's Holistic Wellness Center, providing a history of present illness, disclosing protected health information, and witnessing any physical exam completed by the provider. This adult has the responsibility to relay any diagnosis, treatment plan or prescription(s) to the legal guardian mentioned above. I agree to be available by phone and to be financially responsible for all payments.

This authorization is effective from: _____ to _____.
(effective date) (end date)

Please provide a photocopy of the guardian's driver's license upon date of service.

This document must be notarized by a notary public in order to be legally binding.

Legal Guardian's Signature: _____ **Date:** _____