



CHILDREN'S URGENT CARE OF FAYETTEVILLE

Nonlegal Guardian Intake Form

Please make sure the following items are brought for the visit.

Your check in will go faster if you have these items ready to present.

- ☐ **Signed form**
- ☐ **Copy of patient's insurance card**
- ☐ **Copy of legal guardian driver's license**

Patient Information

First Name:	Last Name:
Date of Birth:	
Address:	

Legal Guardian

First Name:	Last Name:
Date of Birth:	Cell #:
Relationship to patient:	Email:
Address:	

Authorized Adult Bringing Patient

First Name:	Last Name:
Date of Birth:	Cell #:
Relationship to patient:	
Address:	

Consent & Authorization

I, _____ (legal guardian), authorize _____ to bring the above patient to the Children's Urgent Care of Fayetteville for evaluation, diagnostic testing, treatment, and procedures deemed medically necessary.

I affirm that I am the legal guardian of this patient and have the authority to grant this authorization. **I accept financial responsibility for all bills related to this visit.**

This authorization is valid for: ☐ **This visit only** ☐ **Ongoing until revoked in writing.**

Guardian Printed Name: _____

Guardian Signature: _____ Date: _____

Staff/Witness Signature: _____ Date: _____