



Authorization – Non-Parent/Guardian to Accompany Patient

There may be times when you are unable to bring your child to Super Shot for immunizations and need to rely on a family member or friend. We understand these circumstances; however, we must have a written authorization letter allowing this person to accompany your child(ren).

- The guardian must be 18 years old or older.
- The guardian must provide a copy of the child(s) immunization record
- The guardian must present a copy of the child’s insurance card.
- The guardian is responsible for payment at time of visit if uninsured or underinsured.

Super Shot serves Medicaid, uninsured and underinsured children from birth through 18 years of age. We accept all Healthy Indiana Plan (HIP) Providers – Anthem Blue Cross Blue Shield, Managed Health Services (MHS), MDWise, and CareSource. There is no fee if child has Medicaid. If the child is uninsured or underinsured there is a \$10 administration fee per immunization due at time of visit. The guardian is responsible for payment at time of visit. We do not accept private insurance at this time.

This authorization gives the person permission to bring your child(ren) to Super Shot and receive vaccinations.

I, _____, give the person listed below permission to bring my child to Super Shot for immunizations.

Child’s Name: _____ DOB: _____

Child’s Name: _____ DOB: _____

Child’s Name: _____ DOB: _____

Name of Person allowed to bring child (printed)

Relationship

Signature (Parent/Guardian)

Date