



Patient Authorization

Who is authorized to bring the child for medical care?

I, _____ (name of custodial parent), give permission for _____ to bring my child/children in for medical care.

What can they consent to?

____ Vaccine Administration

____ Medication to be given to my child in office

Can another authorized caregiver verbally communicate with us over the phone? If yes who?
Relationship? _____

To whom can we release medical information or health forms?

_____	School
_____	Daycare/Babysitter
_____	Camp/Sport Club
_____	Other

This permission will remain in effect until I withdraw permission in written form.

_____ Child's Name _____ Date of Birth

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_____ Child's Name _____ Date of Birth

Parental Signature _____

Date _____