



Date: \_\_\_\_\_

I, \_\_\_\_\_ on behalf of  
(Parent's name)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorize and give permission for: (Name of third party)

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Check all that apply:

- To bring the patient in to the office for any needed appointments.
- To schedule any needed appointments for the patient.
- To make any medical decisions in my absence.

If NO I will phone in at the time of the appointment ( \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ )  
My Phone Number

Signature: \_\_\_\_\_

\*\*\*Please make sure the third party brings THIS FORM, PHOTO ID and a COPY OF THE INSURANCE CARD to the appointment.\*\*\*