

PEDIATRIC PLACE

BOARD CERTIFIED IN PEDIATRICS

3801 W 15TH STREET ☞BLDG D, SUITE 120 ☞PLANO, TX 75075

MEDICAL AUTHORIZATION

Printed Name of Child: _____

Child's Date of Birth: _____

We (I) hereby authorize the following persons to authorize medical treatment and/or sign for immunizations for the above named child:

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____