

PERMISSION TO ACCOMPANY A MINOR

I, _____ the parent or legal guardian of _____ (name of child)
residing at _____ (address) born on the
_____ day of _____, 20____ do hereby consent and allow _____
(name of adult to be accompanying child) to accompany my child and authorize treatment for my
child in accordance with the office policy of Pediatrics. This includes but is not limited to
accompanying the child into the exam room, signing all necessary documentation upon check-in,
providing proof of valid health insurance, providing the child with all of the above.