

**PARENTAL AUTHORIZATION FORM**

Today's Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, the parent/guardian of  
\_\_\_\_\_, hereby authorize the  
following person/persons to bring my child in for care and authorize treatment for medical  
services (listed below).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\* Well Child Visits require the presence of the parent or guardian only \*\*\*\***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Today's Date