

**AUTHORIZATION FOR  
SOMEONE OTHER THAN PARENT TO BRING CHILD**

To whom it may concern:

I authorize \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to bring my child,

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

to be seen and treated by Andrew M. Matthew, M.D., and/ or Jessica M. Hochman, M.D..

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent printed name \_\_\_\_\_

Effective from: \_\_\_\_\_ Until: \_\_\_\_\_