CONSENT TO MEDICAL TREATMENT

I, _____, parent or legal guardian of _____, born _____, do hereby consent to any medical care including any vaccines while not under my supervision and I will be available by telephone if I am needed to give verbal consent.

The following people are authorized to be present for any future appointments and make any medical decisions on my behalf.

- _____
- _____
- _____

This authorization is effective from _____ to _____.

_____ _____

Signature of Parent or Legal Guardian Date

Premier Pediatrics of Palm Beach
Jeanmarie B. Connor, M.D.
Sarrie F. Katz, M.D.
J. Christie Goodwin, M.D.
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