

Fox River Pediatrics
11000 E. U. S. Highway
Suite 3
Plano IL 60545

Phone: 630-552-9852 Fax 630-552-9857

PERMISSION FOR NON-PARENT/GUARDIAN TO BRING TO MEDICAL APPOINTMENT

Date: _____

I, _____ parent of _____

give permission for a non-parent/guardian to bring my child for his/her medical appointment on _____.

I can be reached at _____ with any questions.

I understand that this authorization is **only** valid for one office visit.

PRINT PARENT NAME

PARENT SIGNATURE

PRINT NAME OF NON-PARENT/GUARDIAN

I give permission for _____ to authorize:

- Well Visit Appointment
 Vaccinations
 School Physical/Sports Physical
 Other _____

Restrictions:
