

# Park Street Pediatrics, LLC



7 Park Street

Norwalk, CT 06851

Telephone (203) 840-7566

Facsimile (203) 840-7569

## Authorization to treat in the absence of parent or guardian

I authorize the following person(s)

\_\_\_\_\_, my \_\_\_\_\_,

\_\_\_\_\_, my \_\_\_\_\_,

to be present at an acute visit, and consent to treatment by any provider at Park Street Pediatrics, LLC

during my absence from \_\_\_\_\_ to \_\_\_\_\_.  
start date end date

This authorization is for my child/children,

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First Name

Last Name

Date of Birth

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First Name

Last Name

Date of Birth

---

First Name

Last Name

Date of Birth

---

First Name

Last Name

Date of Birth

---

First Name

Last Name

Date of Birth

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Parent/Guardian Signature

Printed Name

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Address

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Phone

Date

***Note: Authorized adult must be at least 18 years of age and must provide photo ID to be scanned into our system and at each visit for verification.***