

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

_____, my _____,

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

during my absence for an appointment on _____.
appointment date

This authorization is for my child/children,

First Name	Last Name	Date of Birth
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First Name	Last Name	Date of Birth
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First Name	Last Name	Date of Birth
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Parent/Guardian Signature	Printed Name
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Address

Phone	Date
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Note: Authorized adult must be at least 18 years of age and must provide photo ID at the time of the appointment. Note can be forwarded via fax prior to appointment or provided by authorized adult at time of appointment.