



**PARKER
PEDIATRICS &
ADOLESCENTS, P.C.**

Serving the Parker community since 1982

10371 Parkglenn Way, Suite 100
Parker, Colorado 80138
Telephone: 303-841-2905
Fax: 303-841-3052 / fax@parkerpediatrics.com

Website: www.parkerpediatrics.com

Authorization for Health Care of Minor Child(ren)

Name(s) of Parent(s) Authorizing Medical Care:

Mother	
Father	
Other	

I/we (named above) hereby give permission for the following individual(s) to bring my/our child(ren) to doctor appointments, seek medical treatment, and make medical decisions in my/our absence:

Name	Relationship	Address	Phone

This authorization applies to the following child(ren):

Name of Child	Date of Birth

My signature below confirms that I authorize the individuals listed above to act in my place. It is further Intended that:

	This authorization is for the following date(s) only:		This authorization shall remain in effect until revoked in writing.
Initials		Initials	

Printed Name	
Signature	Date