



Premier Pediatrics

Where Kids Come First

Complete this form if you wish to grant permission for an adult other than the parents or legal guardians to bring the child to a medical appointment. This permission is necessary for grandparents, step-parents, caregivers, or any adult other than the parents or legal guardians. Please be advised that the authorized adult must present valid photo identification when bringing the child for a medical appointment.

Date _____

I give my permission for (name of adult) _____

to authorize treatment for (name of child) _____.

I also authorize Premier Pediatrics to discuss my child's protected health information with the above named adult.

This permission is for the time period of _____ through

_____.

Print Your Name _____

Relationship to child _____

Signature _____

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Board Certified Pediatrics

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