



Terry Brenneman, MD • Melanie Walker, MD • Virginia Schreiner, MD • Gigi Gura, DNP, CPNP

Child/ Children Name:

I _____ authorize the following people to bring my child/ children
(Parent/Guardian)

to appointments, make appointments, send and receive medical treatment and advice, etc.

NAME

RELATIONSHIP

PHONE NUMBER

1. _____
2. _____
3. _____
4. _____
5. _____

SIGNATURE OF PARENT/GUARDIAN

DATE