



## Permission Form

Permission Form to authorize another person to bring a minor to APC Pediatrics. If this is not applicable, you may skip to the next section.

**This form is to grant permission for the following person to bring the child to any of our APC Pediatrics locations to obtain medical treatment when I'm not available: \***

Approved Persons First Name    Approved Persons Last Name

**What is the person above relationship to the patient? \***

Grandmother, Uncle, etc

**Patient Name \***

First Name                      Last Name

**Date Of Birth \***



Month    Day                      Year

**If at any time this adult/person above is no longer allowed to bring the patient into the office, it is the parent's responsibility to inform our office in writing that a parent is withdrawing this authorization.**

**Parent Name \***

First Name

Last Name

**Today's Date \***



Month Day

Year

**Signature**